



HEAD OFFICE, PLOT NO. 1, SECTOR-3, ROHTAK- 124001

**Notice inviting Tenders**  
**For Renewal of Group Mediclaim Policy for Sarva Haryana Gramin Bank's**  
**In -Service Employees for the year 2023-24**

Sarva Haryana Gramin Bank invites tenders from established **Public & Private Sector General Insurance & Standalone Health Insurance Companies** registered with IRDA having at least 05 years' experience in the field of Health Insurance in India may upload their bids at GeM portal addressed to the General Manager, HRD Division, Sarva Haryana Gramin Bank, Head office, Plot No. 1, Sector 3, Rohtak -124001 as per the schedule. All the interested insurance companies are advised to go through the detailed tender guidelines before submitting their proposals **through GeM portal only**. The Bank reserves its right to accept or reject any or all the tenders without citing any reasons whatsoever, at any stage. Addendums/Corrigendum to this tender, if any, will be published/uploaded on Bank's website [www.shgb.co.in](http://www.shgb.co.in).

Last date and Time of submission of bids: 18<sup>th</sup> March 2023 (4:00 PM)

Sarva Haryana Gramin Bank  
HRD Division, Head Office,  
Plot No. 1, Sector 3, Rohtak -124001





**सर्व हरियाणा ग्रामीण बैंक**  
**Sarva Haryana Gramin Bank**

(सर्व हरियाणा ग्रामीण बैंक)

(Bank of India Undertaking)

प्रायोजक : पंजाब नेशनल बैंक



Sponsored by: Punjab National Bank

HEAD OFFICE, PLOT NO. 1, SECTOR-3, ROHTAK- 124001

REQUEST FOR PROPOSAL

E-TENDER

FOR RENEWAL OF GROUP MEDICLAIM POLICY

SARVA HARYANA GRAMIN BANK'S IN-SERVICE EMPLOYEES

Policy Period from 31.03.2023 – 30.03.2024

Appointment of IRDA approved Public & Private Sector General Insurance & Standalone Health Insurance Company for providing Group Mediclaim Policy of Sarva Haryana Gramin Bank for- In-Service Employees & their dependents

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## SCHEDULE OF TENDER (SOT)

Tenders are invited by Sarva Haryana Gramin Bank for the Group Medclaim Policy for In-service employees. Sarva Haryana Gramin Bank has appointed **Anand Rathi Insurance Brokers (ARIBL)** for their insurance portfolio. The Tender will be conducted through a two-stage bidding process (comprising of Technical and Financial Bids) from IRDA licensed Public and Private Sector General Insurance & standalone Health Insurance Company operating in India for the Group Medclaim Policy for its In-service employees who are eligible.

The "Request for Proposal" (RFP) for the project is available on bank's website under tender section which will direct to: - <https://gem.gov.in/>.

Vendors are required to register themselves online with [www.gem.gov.in](http://www.gem.gov.in). Bids made strictly as per provisions of the RFP document should be submitted online through e-tendering portal GeM Link: <https://gem.gov.in/>

### Disclaimer

This Request for Proposal (RFP) is not an offer by the Sarva Haryana Gramin Bank, but an invitation to receive response from eligible interested bidders for Group Medclaim Policy for employees of Sarva Haryana Gramin Bank. No contractual obligation whatsoever shall arise from the RFP process unless and until a formal contract is signed and executed with the bidders. This document should be read in its entirety.

Information provided in this RFP to the Bidders is on a wide range of matters, some of which depends upon interpretation of law. The information given is not an exhaustive account of statutory requirements and should not be regarded as a complete or authoritative statement of law.

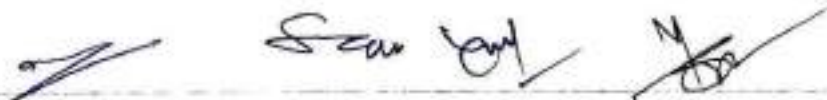
SARVA HARYANA GRAMIN BANK, its employees and advisers make no representation or warranty and shall have no liability to any person including any Bidder under any law, statute, rules or regulations or tort, principles of restitution or unjust enrichment or otherwise for any loss, damages, cost or expense which may arise from or be incurred or suffered on account of anything contained in this RFP or otherwise, including the accuracy, adequacy, correctness, reliability or completeness of the RFP and any assessment, assumption, statement or information contained therein or deemed to form part of this RFP or arising in any way in this Selection Process.

SARVA HARYANA GRAMIN BANK also accepts no liability of any nature whether resulting from negligence or otherwise however caused arising from reliance of any Bidder upon the statements contained in this RFP.

SARVA HARYANA GRAMIN BANK may in its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information, assessment or assumption contained in this RFP.

Every effort is being made to keep Sarva Haryana Gramin Bank's Website up to date and running smoothly 24X7. However Sarva Haryana Gramin Bank takes no responsibility, and will not be liable for, the website being temporarily unavailable due to any technical issues at any point of time. In that event Sarva Haryana Gramin Bank will not be liable or responsible for any damages or expenses arising for any difficulty, or error, imperfection or inaccuracy with this website, it includes all associated service, or due to such unavailability of the website or any part thereof of any contents or any associated services.

GeM has been established as the national procurement portal. (GeM) platform is an online, end to end solution for procurement of commonly used goods and services for all Central Government and State Government Ministries, Departments, Public Sector Units (PSUs) and affiliated bodies., who also make every possible effort to update their portal and run their site 24 X 7, however Sarva Haryana Gramin



Bank takes no responsibility, and will not be liable for, the website being temporarily unavailable due to any technical issues at any point of time. In that event Sarva Haryana Gramin Bank will not be liable or responsible for any damages or expenses arising for any difficult, or error, imperfection or inaccuracy with this website, it includes all associated services, or due to such unavailability of the website or any part thereof any contents or any associates services.

The issue of this RFP does not imply that Sarva Haryana Gramin Bank is bound to select a Bidder or to appoint theselected Bidder, as the case may be, for the insurance policy and Sarva Haryana Gramin Bank reserves the right to reject all or any of the Proposals without assigning any reason whatsoever. No correspondence shall be entertained in this regard.

1) The "Request for Proposal" (RFP) for the project is available on: bank's website which will direct to <https://gem.gov.in/>. Vendors are required to register themselves online with <https://gem.gov.in/>

The proposed evaluation schedule is tabulated below. However, the Bank, at its discretion can change the schedule without assigning any specific reasons for the same.

Sr. No.	Event Description	Particulars
1.	Mode of Tender	E-Tender System ( GEM PORTAL)
2.	Date of publishing of Tender Notice	04.03.2023, on Sarva Haryana Gramin Bank website and GEM Portal <a href="https://www.shgb.co.in">https://www.shgb.co.in</a> <a href="https://gem.gov.in/">https://gem.gov.in/</a>
3.	RFP related Communication E-Mail IDs	<a href="mailto:hohrdshgb1@gmail.com">hohrdshgb1@gmail.com</a>
4.	Last date & Time for submission of Bid /Bid due date	18.03.2023 at 4:00 PM
5.	Opening of Technical Bids ( tentatively)	20.03.2023 at 11:00 AM (In Bank Head office , Rohtak)
6.	Information regarding Financial Evaluation of Bids	E-Financial Bids of the technically qualified bidders shall be opened at a later date. The Financial bid opening time & date shall be intimated to the technically qualified bidders through email.
7.	Announcement of L1 bidder	Will be notified
8.	Bank's Website	<a href="https://www.shgb.co.in/">https://www.shgb.co.in/</a>
9.	Policy Inception	31.03.2023

- The bids are to be submitted on GEM PORTAL only.
- No Bid or part of Bid shall be submitted vide E-mail or in any other form.
- Bids received later than the prescribed date and time i.e., by 18.03.2023 at 4:00 PM will not be considered for evaluation.
- If the last day of submission of Bid is declared as a holiday by any circumstances beyond the control of Sarva Haryana Gramin Bank, the next working day will be deemed to be the last day for submission of the Bid.

- Further, in case Sarva Haryana Gramin Bank does not function on the aforesaid date due to unforeseen circumstances or holiday, then the Bid will be opened on the next working day subject to availability of all the Tender Committee members; unless otherwise such change may be notified to all bidders.

## IMPORTANT INSTRUCTIONS FOR E-PROCUREMENT

Bidders are requested to read the terms & conditions of this tender before submitting their online tender.

	<p>Process of E-Tender:</p> <p>A) Registration: The process involves vendor's registration with GeM portal. Only after registration, the vendor can submit his/their bids electronically. Electronic Bidding for submission of Technical Bid as well as Financial Bid will be done over the internet. The Vendor should possess Class III signing type digital certificate. Vendors are to make their own arrangement for bidding from a P.C. connected with Internet. GeM is not responsible for making such arrangement. (Bids will not be recorded without Digital Signature).</p> <p>SPECIAL NOTE: THE TECHNICAL BID AND THE FINANCIAL BID HAS TO BE SUBMITTED ONLINE AT <a href="https://gem.gov.in/">https://gem.gov.in/</a></p>
1.	<p>1) Vendors are required to register themselves online with: - <a href="https://mkp.gem.gov.in/registration/signup#/1/buyer">https://mkp.gem.gov.in/registration/signup#/1/buyer</a></p> <p>2) Vendors will receive a system generated mail confirming their registration in their email which has been provided during filling the registration form.</p>
	<p>In case of any clarification, please contact Bank/GeM (Before the expiry of scheduled time of tender).</p> <p>Contact person (Bank):</p> <p>1. Mr. Karan - 7027189722 ( Sarva Haryana Gramin Bank )</p>
2.	<p>The Techno-commercial Price Bid have to be submitted online at GeM Portal.</p> <p>Tenders will be opened electronically on specified date and time as given in the Tender.</p> <p><b>NO TENDERS/ BIDS THROUGH ANY OTHER MEDIUM WILL BE ACCEPTED BY THE BANK</b></p>
3.	<p>All entries in the tender should be entered in online Technical &amp; Financial Formats without any ambiguity.-</p>
4.	<p>Information about tenders /corrigendum uploaded can be checked by the bidders on the portal only during the process till finalization of tender.</p>
5.	<p>E-tender cannot be access after the due date and time mentioned in Notice Inviting Tender (NIT).</p>
6.	<p><b>Bidding in e-tender:</b></p> <ul style="list-style-type: none"> <li>The process involves Electronic Bidding for submission of Technical and Financial Bid.</li> <li>During the entire e-tender process, the vendors will remain completely anonymous to one another and also to everybody else.</li> <li>The e-tender floor shall remain open from the pre-announced date &amp; time and for as much duration as mentioned above.</li> <li>All electronic bids submitted during the e-tender process shall be legally binding on the</li> </ul>

	<p>vendor. Any bid will be considered as the valid bid offered by that vendor and acceptance of the same by the Buyer will form a binding contract between Buyer and the Vendor for execution of supply.</p> <ul style="list-style-type: none"> <li>Bank reserves the right to cancel or reject or accept or withdraw or extend the tender in full or part as the case may be without assigning any reason thereof.</li> </ul> <p>No deviation of the terms and conditions of the tender document is acceptable. Submission of bid in the e-tender floor by any vendor confirms his acceptance of terms &amp; conditions for the tender.</p>
7	Any order resulting from this tender shall be governed by the terms and conditions mentioned therein.
8	No deviation to the technical and financial terms & conditions are allowed.
9	The tender inviting authority has the right to cancel this e-tender or extend the due date of receipt of bid(s) without assigning any reason thereof.
10	<p>Integrity pact format is enclosed as per Annexure IV (Section III). The same is to be submitted along with the technical bid.</p> <p>Only those bidders who commit themselves to the above pact with the Bank shall be considered eligible to participate in the tendering process.</p> <p>The bids which are not containing the Integrity pact shall be rejected.</p>


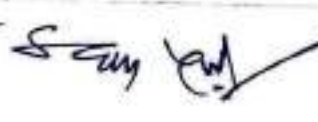

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## Section I

### INTRODUCTION & INSTRUCTIONS FOR RFP

This is a procurement event of HR Department of Sarva Haryana Gramin Bank, Rohtak. You are requested to read and understand the RFP and subsequent Corrigendum, if any, before submitting technical bid.

#### **1a. INTRODUCTION**

Sarva Haryana Gramin Bank came into existence after amalgamation of 2 RRBs namely Haryana Gramin Bank, Head Office, Rohtak (Sponsored by Punjab National Bank) & Gurgaon Gramin Bank, Head Office, Gurgaon (Sponsored by Syndicate Bank) vide Notification dated 29.11.2013. At present, the Head Office of the Bank is at Rohtak. Sarva Haryana Gramin Bank operates in all 22 Districts of Haryana State. Sarva Haryana Gramin Bank is having 668 Branches all over Haryana.

Request for Proposal (RFP) is invited from Public and Private Sector General Insurance & standalone Health Insurance Company (Licensed and Registered with IRDA) dealing with Health Insurance for implementation of Mediclaim scheme for- In-Service Employees & their dependents

Sarva Haryana Gramin Bank shall solicit proposals through a two-stage bidding process (comprising of Technical and Financial Bids) from Public and Private Sector General Insurance & standalone Health Insurance Company (Licensed and Registered with IRDA) dealing with Health Insurance operating in India for the Renewal of Group Mediclaim Policy for the In-service employees of Sarva Haryana Gramin Bank. Bidders are invited to submit their proposal in accordance with Request for Proposal (RFP) terms.

The Insurance Companies which are in agreement with the Scheme and its clauses altogether, only need to participate in the bidding and any disagreement in this regard may invite disqualification/rejection of bid at technical level. Hence all the companies are requested to go through the Scheme carefully and submit their agreement in specific format given in the bid.

Complete confidentiality should be maintained. Information provided here should be used for its intended scope and purpose. Retention of this RFP signifies the bidder(s) agreement to treat the information as confidential. The bidder(s) must agree to bear all costs related to the preparation of their proposal.

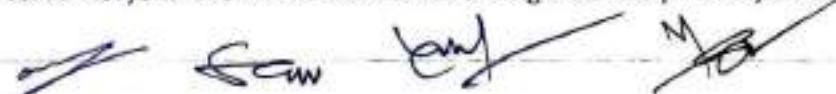
**Bid submission, queries and all other terms and conditions are detailed in the following sections of this document. All communication with regard to this proposal may be directed to [hohrdshgbl@gmail.com](mailto:hohrdshgbl@gmail.com)**

i. Information about tenders /corrigendum uploaded can be trace out through online mode only during the process till finalization of tender. Bidders are also requested to ensure validity of their DSC (Digital Signature Certificate) and registration in the E-procurement portal.

ii. (a) At any time prior to the deadline for submission of technical bid, Sarva Haryana Gramin Bank may for any reason, modify the RFP. Please note that there is no provision to take out list of parties downloading the RFP/tender document from the website mentioned. As such bidders are requested to see the website once again before the due date of opening to ensure that they have not missed any corrigendum uploaded against the said RFP after downloading the RFP document. **The responsibility of downloading the related corrigenda, if any, will be of the bidder only.**

(b) No separate intimation in respect of corrigendum to this RFP (if any) will be sent to tenderer(s), the same will be made available on Bank's website <https://www.shgb.co.in>.

Sarva Haryana Gramin Bank reserves the right to accept or reject any or all the proposals in whole



or part without assigning any reasons. No correspondence shall be entertained in this regard.

#### 1b. Selection Process:

The selection of insurer/insurers would happen through a two-step process: -RFP.

##### Queries from insurers and pre bid meeting

Participants who have any queries on the RFP can send them to [hohrdshgb1@gmail.com](mailto:hohrdshgb1@gmail.com) on or before 16.03.2023 at 4 PM.

In case of any changes in the RFP, the same will be made available on Bank's website <https://www.shgb.co.in>

All insurers are advised to check the Bank's website <https://www.shgb.co.in> before submitting their final technical bids.

##### i. Technical Bid

All technical bids would be checked for eligibility as per eligibility criteria mentioned in the RFP. Bids not meeting the eligibility criteria would be disqualified.

The Technical bids will be evaluated by the Tender Committee of Sarva Haryana Gramin Bank consisting of representatives of Sarva Haryana Gramin Bank and Anand Rathi Insurance Brokers (**Broker/Insurance Intermediary**). Financial bids of only the technically qualified bidders shall be considered.

The bidders also agree to abide by the requirements under the enlisted Annexures.

By bidding for this RFP, the bidder agrees to abide by the service levels, communication and MIS formats as detailed in the RFP. The same would also be incorporated in the form of an agreement with the selected bidder.

The documents/information submitted by the bidder(s) will be scrutinized. In case any of the information furnished by the bidder is found to be false during scrutiny punitive action can be taken against defaulting-Insurers.

##### ii. Financial Bid

E-Financial Bid of the technically qualified bidders shall be opened at a later date. The Financial bid opening time & date shall be intimated to the technically qualified bidders through email.

**Notwithstanding anything contained in this document**, Sarva Haryana Gramin Bank reserves the right to accept or reject any Bid or annul the Bidding process and reject all Bids at any time without any liability or any obligation for such rejection or annulment, without assigning any reasons thereof. No correspondence shall be entertained in this regard.

Indicative number of families in policy is given. This number of families would also be used by Sarva Haryana Gramin Bank to evaluate the lowest cost.

The detailed modalities and date for financial bid would be communicated to the bidders who qualify in the technical bid process.

1a. anytime during the process the Sarva Haryana Gramin Bank may, at its discretion, ask respondents for clarifications on their proposal. The respondents are required to respond within the time frame prescribed by the Sarva Haryana Gramin Bank.

1b. the technical bid along, accompanied by the information/documents indicated in the Annexures, and acceptance of RFP are to be signed by the authorized signatory with Seal of the Company. All pages are required to be signed by the authorized signatory with the bidder's seal.

1c. the bidder shall appoint one duly authorized official as its representative for the entire process of the bidding. There should be a board resolution or delegation as per board resolution to establish that the representative of the bidder is an authorized signatory.

### **iii. Proposal Instructions**

#### **(A) Proposal Requirements**

You may note that for the purpose of appointment of Group Medical Insurance, a two-stage bidding process will be followed. The response to the present tender will be submitted in two parts, i.e., the Technical Bid and the Financial Bid.

The 'Technical Bid' will contain the exhaustive and comprehensive technical details as enlisted in the RFP.

**The Technical Bid shall NOT contain any pricing or financial information at all. If the Technical Bid contains any price related information, then that Technical Bid would be disqualified and would NOT be processed further.**

#### **(B) Process to be adopted for Evaluation of the Technical Bids**

In the first stage, only the 'Technical Bids' will be opened in respect of those bidders who fulfill the details indicated in the eligibility criteria and submission of all the declaration annexed.

### **2. CORRUPT AND FRAUDULENT PRACTICES:**

Bidders and their respective officers, employees, agents and advisers shall observe the highest standard of ethics during the Selection Process. Notwithstanding anything to the contrary contained in the RFP, the Sarva Haryana Gramin Bank shall reject a Proposal without being liable in any manner whatsoever to the Bidder, if it determines that Bidder has, directly or indirectly, engaged in corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice (collectively the "Prohibited Practices") in Selection Process.

For the purposes of this Clause, the following terms shall have the meaning hereinafter respectively assigned to them:

- a) "Corrupt Practice" means the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence the action of any person connected with the Selection Process.
- b) "Fraudulent Practice" means a misrepresentation or omission of facts or disclosure of incomplete facts, in order to influence the Selection Process.
- c) "Coercive Practice" means impairing or harming or threatening to impair or harm, directly or indirectly, any persons or property to influence any person's participation or action in the Selection Process.
- d) "Undesirable Practice" means establishing contact with any person connected with or employed or engaged by the Sarva Haryana Gramin Bank with the objective of canvassing, lobbying or in any manner influencing or attempting to influence the Selection Process.
- e) "Restrictive Practice" means forming a cartel or arriving at any understanding or arrangement among Bidders with the objective of restricting or manipulating a full and fair competition in the Selection Process.

### **3. ELIGIBILITY:**

It will be the Insurer's responsibility to ensure that it meets the eligibility requirements as stipulated in the RFP.



#### 4. QUALIFICATION TO THE BID:

The bids may be submitted as per the technical criteria indicated in the RFP.

#### 5. GENERAL CONSIDERATIONS:

a. In preparing the Proposal, the Insurer is expected to examine the RFP in detail. Material deficiencies in providing the information requested in the RFP may result in rejection of the proposal.

#### 6. DEFINITIONS

In this bid, following words and expressions shall, unless repugnant to context or meaning thereof, have meaning hereinafter respectively assigned to them.

- i. "Bank" means Sarva Haryana Gramin Bank
- ii. "Bidder" means an Insurance company (Public and Private Sector General Insurance & standalone Health Insurance Company) incorporated under Companies Act, 1956 and licensed by IRDA
- iii. "Broker" means M/s Anand Rathi Insurance Brokers appointed by Sarva Haryana Gramin Bank
- iv. "RFP" means Request for Proposal by Sarva Haryana Gramin Bank for Group Health Insurance for In-service Employees and their family members.
- v. "Insured" means Sarva Haryana Gramin Bank.
- vi. "Insurer" means IRDA approved Public/Private Sector General Insurance & standalone Health Insurance Company.
- vii. "TPA" means Third Party Administrator.
- viii. "Approved" mean approved by Sarva Haryana Gramin Bank.
- ix. "Applicable Laws" means all laws, promulgated or brought into force and effect by GOI including regulations and rules made there under, and Judgments, decrees, injunctions, writs and orders of any court of record, as record, as may be in force and effect during the subsistence of this Agreement.
- x. "Bid" shall mean the documents in their entirety comprised in the bid submitted by the Insurer in response to the Request for Proposal in accordance with the provisions there of
- xi. "Competent Authority" means committee members nominated by Sarva Haryana Gramin Bank.
- xii. "Contract Period" means the period starting tentatively from 31/03/2023 to 30/03/2024 (1 Year)
- xiii. "LOA or Letter of Award" means written confirmation of an award of an Insurance Contract by Sarva Haryana Gramin Bank to a successful bidder, stating the amount of award, award date, and when the Insurance Contract will be signed.
- xiv. "Successful Bidder" means Insurance Company that has been shortlisted after qualifying for bid to issue the policy. Unless excluded by or repugnant to the context.

#### 7. COST OF PREPARATION OF PROPOSAL

7.1 The Insurer shall bear all costs associated with preparation and submission of its Proposal and Sarva Haryana Gramin Bank shall not be responsible or liable for those costs, regardless of the conduct or outcome of the Selection Process. Sarva Haryana Gramin Bank is not bound to accept any proposal, and reserves the right to annul the Selection Process at any time prior to award of Contract, without thereby incurring any liability to the Insurer.

#### 8. DOCUMENTS COMPRISING THE PROPOSAL

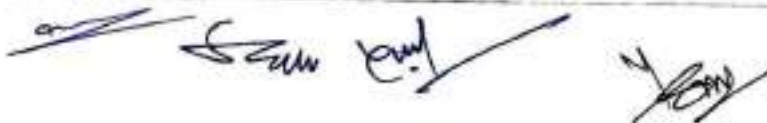
8.1 The Proposal shall comprise the documents and forms listed in the RFP.

#### 9. ONLY ONE PROPOSAL

9.1 The Insurer shall submit only one Proposal from a single designated Insurance Company.

#### 10. PROPOSAL VALIDITY

10.1 The Insurer's Proposal must remain valid for at least 60 days for In-Service Policy after the Letter of Award. A Bid valid for a shorter period shall be rejected by the tendering Authority as non-responsive bid.



10.2 During this Period, Insurer shall maintain its original Proposal without any change.

10.3 Sarva Haryana Gramin Bank will make its best effort to complete the processing within the proposal's validity period. However, under exceptional circumstances, prior to expiration of bid validity period, the tendering authority may request bidders to extend period of validity of their bids.

10.4 A Bidder granting request shall not be required or permitted to modify its bid. The request and responses shall be made in writing.

10.5 Except as the Sarva Haryana Gramin Bank may otherwise agree, no changes shall be made in team members / personnel. If, for any reason beyond control of Insurer, such as resignation, retirement, medical incapacity, death, etc. it becomes necessary to replace any of team members, the Insurer shall provide as a replacement a person of equivalent or better qualifications.

10.6 If the Sarva Haryana Gramin Bank finds that any of the team members / personnel of the Insurer have committed serious misconduct or have been charged with having committed a criminal action or have reasonably caused to be dissatisfied with the performance of any of the team members/personnel, then the Insurer shall, at the Sarva Haryana Gramin Bank's written request specifying the groundsthereof, provide as a replacement a person with qualification and experience acceptable to the Sarva Haryana Gramin Bank.

10.7 Sub-contracting or Joint Venture will not be permitted.

## **11. PREPARATION OF PROPOSALS – SPECIFIC CONSIDERATIONS**

11.1 The Insurer shall prepare its Proposal as per the provisions of this RFP.

## **12. TECHNICAL PROPOSAL – FORMAT AND CONTENT**

12.1 It is a must to meet all the technical criteria mentioned in the RFP

12.2 The Technical Proposal shall not contain any financial information. A Technical Proposal containing any financial information shall be declared non-responsive.

12.3 The Insurer is required to submit a Technical Proposal as indicated in the RFP.

12.4 The Insurer shall be responsible for meeting all tax liabilities arising out of the contract.

12.5 If there be any increase in the taxes (direct / indirect / local), levies, fees, etc. whatsoever, and other charges during tenure of the contract, financial burden of same shall be borne by the Sarva Haryana Gramin Bank. Further, the insurance company will not charge any extra charges/fees and the bank will not borne any extra charges other than taxes/charges imposed by Government.

## **13. FINANCIAL PROPOSAL- FORMAT AND CONTENT**

Financial bid shall contain only the premium that the Insurance Company shall charge and GST as applicable as per the coverages given in the RFP. It is compulsory for bidders to bid for policy, Bank reserves the right to select the L1 Bidder. Conditional Bids if any are liable to be rejected. **L1 will be decided on the basis of total premium quoted including GST and details with regard to category wise per employee/unit premium will be sought from L1 only.**

The term employee will include self and his/her dependents.

## **14. SIGNATURE ON EACH PAGE:**

14.1 The competent authority of the bidder must sign and put official seal on each page of the tender document and the bid. If any page is unsigned, it may lead to rejection of the bid.

## **15. AMENDMENT TO TENDER DOCUMENT:**

15.1 At any time after the issue of tender document and before opening of the tender, the tender inviting authority may make any changes, modifications or amendments to the tender document and changes will be available at bank's website <https://www.shgb.co.in>.

15.2 The amendments will be notified through corrigendum posted at bank's website <https://www.shgb.co.in>.

15.3 The Tender Inviting Authority reserves the right to extend dead line for submission of  
15.4 Tender for any reason, and the same shall be notified through corrigendum posted at bank's website <https://www.shgb.co.in>.

#### CONFIDENTIALITY:

16.1 Any attempt by the Insurer or anyone on behalf of the Insurer to influence the Sarva Haryana Gramin Bank improperly in the evaluation of the Proposals or Contract award decisions may result in the rejection of its Proposal.

16.2 Notwithstanding the above provisions, from the time of the opening of the Proposals to the time of award of the contract, if an Insurer wishes to contact Sarva Haryana Gramin Bank on any matter related to the Selection Process, it should do so only in writing.

The above-mentioned queries shall be written to:

The General Manager,  
Human Resource Department  
Sarva Haryana Gramin Bank,  
Head Office, SHGB House,  
Plot No. 1, Sector 3, Rohtak,  
Haryana (India) 124001  
Email: [hohrdshgb1@gmail.com](mailto:hohrdshgb1@gmail.com)

In case of any difficulty, in bid submission you may contact any of the below mentioned officers of the Sarva Haryana Gramin Bank:

1. Mr. Karan (HRD Department) Sarva Haryana Gramin Bank  
Phone: 7027189722  
Email: [hohrdshgb1@gmail.com](mailto:hohrdshgb1@gmail.com)

#### 17. BID PREPARATION

17.1 The Bidder shall be responsible for all technical fees associated in the GeM website, preparation of its bid and its participation in the Selection Process. Sarva Haryana Gramin Bank shall not be responsible nor in any way liable for such cost, regardless of the conduct or outcome of the Selection Process.

17.2 Please note that the Sarva Haryana Gramin Bank reserves the right to reject all or any of the Proposals without assigning any reason whatsoever. No correspondence shall be entertained in this regard.

#### 18. WITHDRAWAL OF BID

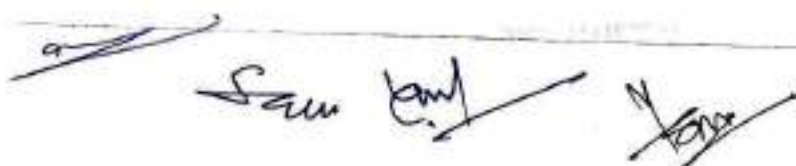
18.1 In case of withdrawal of Bid, the bidder shall not be allowed to participate for bidding of 3 Consecutive years.

#### 19. OPENING OF PROPOSALS

19.1 The Tender Committee of the Sarva Haryana Gramin Bank along with the appointed Insurance Intermediary Anand Rathi Insurance Brokers Ltd. (ARIBL) shall conduct the opening of the Technical Proposals.

#### 20. EVALUATION OF PROPOSALS

20.1 The Insurer is not permitted to alter or modify its Proposal in any way after the proposal submission deadline. The Tender Committee of the Sarva Haryana Gramin Bank along with the appointed Insurance Intermediary Anand Rathi Insurance Broker Ltd. (ARIBL) shall conduct the



evaluation on the basis of the submitted Technical Bid. However, the Sarva Haryana Gramin Bank may seek clarification on the information submitted by the Bidder, if required.

## **21. ACCEPTANCE/ REJECTION OF TENDER**

21.1 Sarva Haryana Gramin Bank does not bind itself to accept the tender.

21.2 Sarva Haryana Gramin Bank also reserves the right to accept or reject any or all tenders without assigning any reason whatsoever. No correspondence shall be entertained in this regard.

21.3 Sarva Haryana Gramin Bank also reserves the absolute right to reject any or all the tenders at any time solely based on the past unsatisfactory performance by the bidder(s), the opinion/decision of Sarva Haryana Gramin Bank regarding the same shall be final and conclusive.

## **22. EVALUATION OF TECHNICAL & FINANCIAL PROPOSALS**

22.1 Tender Committee will be the final authority for evaluation of technical & financial bid.

22.2 A Bid shall be rejected at this stage if it does not meet each and every technical criterion. Bidder's need to qualify Technical Bid, Bank reserves the right to select the L1 Bidder for In-service Employee policy.

## **23. AWARD OF CONTRACT**

23.1 Prior to the expiration of bid validity or any such extended validity period, Sarva Haryana Gramin Bank will notify the successful bidder in writing that his offer has been accepted. The letter of acceptance shall be a part of agreement/contract.

## **24. PERIOD OF CONTRACT**

24.1 The policy would be issued for one year, the tenure of the contract with the Insurance Company would be for one policy year, subject to annual renewal based on the satisfactory performance evaluation. The renewal on yearly basis will be based on continuation of IRDA Licenses with other statutory compliance

\*\*The sole decision of the policy renewal however lies with Competent Authority of the Sarva Haryana Gramin Bank.

24.2 The Sarva Haryana Gramin Bank shall have the right to cancel the agreement, if at any time during the period of the Scheme, the insurance company defaults in delivery of services or it is found that it has misrepresented any fact during the tender process to attain qualification or breaches any of the conditions of the contract of Agreement.

## **25. INTERPRETATION**

25.1 Entire Agreement: The Contract will constitute the entire Agreement between the Sarva Haryana Gramin Bank and the Selected Bidder and will supersede all communications, negotiations and agreements (whether written or oral) of parties with respect thereto made prior to the date of Contract.

25.2 Amendment: No amendment or other variation of the Contract shall be valid unless it is in writing, is dated, expressly refers to the Contract, and is signed by a duly authorized representative of each party thereto.

25.3 Severability: If any of the provision or condition of the Contract is prohibited or rendered invalid or unenforceable, such prohibition, invalidity or unenforceability shall not affect the validity or enforceability of any other provision or condition of the Contract.

## **26. GOVERNING LAW**

26.1 The Contract shall be governed by and interpreted in accordance with the laws of the Government of India and State of Haryana and under the jurisdiction of the Hon'ble Court at Rohtak.

## **27. FORCE MAJEURE**



27.1 If the performance of the Contract by either party is delayed, hindered or prevented or otherwise frustrated by reason of force majeure, which shall mean war, civil commotion, fire, flood, action by any government or any event beyond the reasonable control of the party affected, then the party so affected shall promptly notify the other party in writing specifying the nature of the force majeure and of the anticipated delay in the performance of the Contract and as from the date of that notification.

27.2 Sarva Haryana Gramin Bank may at its discretion either terminate the Contract forthwith or suspend the performance of the Contract for a period not exceeding 6 months. If at the expiry of such period of suspension, any of the reasons for the suspension still remain, Sarva Haryana Gramin Bank and the Insurer may either agree a further period of suspension or treat the Contract as terminated. In the event of the Contract being terminated by reason of force majeure, the Insurer shall take steps as are necessary to bring the Services to an end in a cost effective, timely and orderly manner.

## 28. Termination

28.1 Sarva Haryana Gramin Bank may, at its sole discretion and at any time terminate the Contract and inform the Insurer of Sarva Haryana Gramin Bank its decision by written instruction to that effect. In the event of the Contract being so terminated, the Insurer shall take such steps as are necessary to bring the Services to an end in a cost effective, timely and orderly manner.

28.2 Should Services or any portion thereof not be carried out to satisfaction of Sarva Haryana Gramin Bank or within the time or times specified in or under the Contract, Sarva Haryana Gramin Bank, without prejudice to any other remedies, by notice in writing to Insurer, terminate Contract either in respect of Services which have not been carried out in accordance with Contract at the time of such termination or in respect of all the Services to which the Contract relates other than those carried out in accordance with the Contract prior to the time of such termination. In such case, the Insurer shall not be entitled under the Contract to payment of any amount by way of compensation

## 29. DISCLOSURE OF INFORMATION, INTELLECTUAL PROPERTY RIGHTS AND OFFICIAL SECRETS ACT

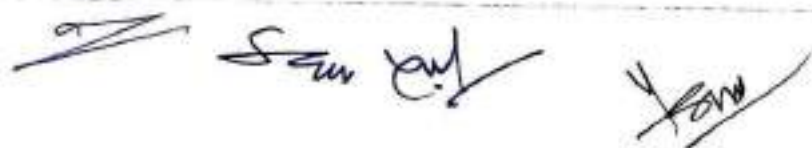
29.1 The Insurer shall not during or after termination of the Contract disclose to any third party any Confidential Information arising from the Contract except with the prior written permission from Sarva Haryana Gramin Bank. For the purposes of this Clause, "Confidential Information" shall mean information relating to proprietary, technological, economic, legal, administrative, business and technical matters of Sarva Haryana Gramin Bank including but not limited to information disclosed orally, or through documents, drawings, diagrams, models, programs, computer data or any part or copy of such information. The Insurer shall not sue any information in a way that would cause embarrassment to Sarva Haryana Gramin Bank.

29.2 All intellectual property rights in the reports and any other documentation or materials prepared or inventions or information produced as a result of the performance of the Services shall be and shall remain the property of Sarva Haryana Gramin Bank.

## 30. SUSPENSION

30.1 The Bank may, by written notice of suspension to the Insurer, without any obligation (financial or otherwise) suspend all payments to the Insurer if the latter shall be in breach of the Agreement or shall fail to perform any of its obligations under the Agreement including the carrying out of the Services: provided that such notice of suspension

- (i) shall specify the nature of the breach or failure and
- (ii) Shall provide an opportunity to the Insurer to remedy such breach or failure within a period



not exceeding 30 days after receipt by the Insurer of such notice of suspension.

### **31. CESSATION OF RIGHTS AND OBLIGATIONS**

31.1 Upon termination of the Agreement or upon expiration of the Agreement, all rights and obligations of the parties shall cease, except (i) such rights and obligations as may have accrued on or prior to the date of termination or expiration, (ii) the obligation of confidentiality, and (iii) the Insurer's obligation to permit inspection, copying and auditing of its accounts and records by Sarva Haryana Gramin Bank.

### **32. DISPUTES RESOLUTION**

32.1 The parties shall make their best efforts to settle amicably all disputes arising out of or in connection with Agreement or interpretation thereof. In the event a dispute, difference or claim arises in connection with the interpretation or implementation of Agreement, the aggrieved party shall issue a written notice setting out dispute / differences or claim to the other party and the parties shall first attempt to resolve such dispute through mutual consultation.

32.2 Any dispute between parties arising out of this RFP Document or relating thereto or arising there from that still might remain unresolved in spite of all efforts to settle the matter amicably shall be settled by a binding arbitration in Rohtak (Haryana) under the Arbitration and Conciliation Act, 1996. The seat of Arbitration shall be Rohtak (Haryana). The venue of arbitration proceedings, unless the parties otherwise agree shall be Rohtak (Haryana). A panel of three arbitrators shall be appointed. One arbitrator representing the successful bidder, one arbitrator representing Sarva Haryana Gramin Bank and one heading the panel. Each party will pay its own costs.

### **33. DISQUALIFICATION**

33.1 The bid is liable to be disqualified if:

- Not submitted in accordance with this RFP
- During the bid process if the bidder indulges in any such deliberate act as would jeopardize or unnecessarily delay the process of bid evaluation and finalization.
- Bidder submits conditional bids.
- Bidder indulges in canvassing in any form to win the contract.
- Bidder has been banned /debarred by Central Government/ any other State Government or its Agencies or by any other Government Body or has been disqualified in participating the Government schemes as per IRDAI guidelines

### **34. OTHER CONDITIONS TO BE FULFILLED BY THE TENDERERS**

34.1 The tenderers are also essentially required to fulfil the following conditions/ submit relevant documents along with their offers:

34.2 Detail of works under execution along with copies of relevant documents.

34.3 Should enclose the Power of Attorney given under Board Resolution in favor of person who has signed the tender documents.

34.4 In the absence of supporting documents, the offers shall be rejected.

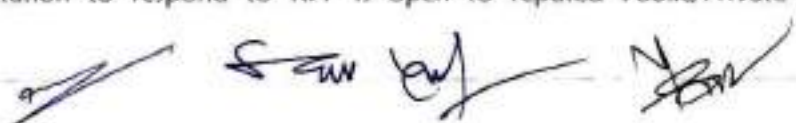
### **35. DUTIES AND RESPONSIBILITY OF SUCCESSFUL BIDDER**

35.1 Signing of agreement between Sarva Haryana Gramin Bank and the successful bidder in the specified format of Sarva Haryana Gramin Bank within 5 days from the issue of LOA.

## **Section II**

### **36. BIDDERS' ELIGIBILITY CRITERIA**

36.1 The Bidders have to satisfy following Pre-qualification criteria to apply for engagement. Respondents satisfying following criteria only are eligible to submit Technical and Financial Bid. This invitation to respond to RFP is open to reputed Public/Private Sector General Insurance &



standalone Health Insurance Company that are incorporated or registered under Indian Companies Act, 1956.

- a) Bidder must be registered /Issued License by Insurance Regulatory and Development Authority of India (IRDAI) to operate in the Indian insurance market.
- b) The Bidder should have been in existence in India for a period of more than 5 years as on date of publication of the tender and their license should not have been suspended or cancelled during this period.

### 37. SUBMISSION OF THE PROPOSAL

37.1 Technical and financial Bids needs to be submitted through electronic mode (GeM website following the registration process through the following link: - <https://gem.gov.in/> Only detailed complete proposals in the form indicated, received prior to closing time and date of proposals as mentioned under Schedule of Tender shall be taken as valid. Proposals received by any other mode shall be treated as defective, invalid and rejected.

37.2 At any time prior to deadline for submission of proposal, Sarva Haryana Gramin Bank may for any reason, modify RFP. The prospective respondents shall be notified of amendments in RFP if any at Bank's website <https://www.shgb.co.in/> and such amendments shall be binding on them.

37.3 The Sarva Haryana Gramin Bank reserves the right to accept any or reject any or all the proposals in whole or part without assigning any reasons.

37.4 The Sarva Haryana Gramin Bank will select Insurance Company on the basis of the lowest total Premium Quoted (including GST). Bank reserves the right to select the LI Bidder for In-service Employee policy. The Selected Insurer shall be issued a LOA.

37.5 During pre-qualification and evaluation of Proposals, Sarva Haryana Gramin Bank may, at its discretion, ask respondents for clarifications on their proposal. The respondents are required to respond within 48 Hours in case of any clarification sought by Bank.

37.6 Respondents are not permitted to modify, substitute or withdraw Proposals after submission.

37.7 The proposal may be submitted along with covering letter about proposal, along with the Information / documents indicated in Annexure and the declaration signed by authorized signatory with Seal of the Company. All pages are required to be signed, along with the tender document.

37.8 No cost will be borne by Sarva Haryana Gramin Bank towards preparation and submission of the proposals.

### 38. SELECTION OF SHORTLISTED TPA

38.1 Competent Authority will discuss appointment of shortlisted TPA with selected bidder and shortlisted TPA may be appointed with mutual consent.

38.2 Shortlisted TPA should agree to provide the services, by itself, in due compliance of the terms and conditions and in the manner more particularly set out in this Agreement.

38.3 Third Party Administrators will be appointed by the insurer.

## SECTION III

### Annexure I - SALIENT FEATURES OF PROPOSED GROUP HEALTH POLICY

#### TAILOR MADE GMC FOR EXISTING STAFF OF SARVA HARYANA GRAMIN BANK

S. No	INSURANCE COVERAGES	
1	Family Floater	Yes
2	Coverage	Existing Staff and their dependent family members
3	No of Employees	Officers : 1964 No's Office Assistants /Attendants : 1304 No's
4	Total No of Employees & Lives	<b>3268 Employees &amp; 11605 Lives</b> Staff + Spouse + Dependent Children + any two of the Dependent Parents /Parents-in-law.
5	Family Definition	<ul style="list-style-type: none"> <li>•Dependent children, including step children and legally adopted children are covered.</li> <li>•Widowed daughter and dependent divorced/ separated daughters, sisters including unmarried / divorced / abandoned or separated from husband/ widowed sisters and crippled child/ brother shall be considered as dependent for the purpose of this policy.</li> <li>•Special abled brother / sister with 40% or more disability shall also be covered as dependents for the purpose of this policy.</li> <li>•No Age limit for dependent Parents. Any two, i.e. either dependent parents or parents-in-law will be covered as dependent for the purpose of the policy.</li> </ul>
6	The Officers/ Employees in service would be continued beyond their retirement/ superannuation/ resignation, etc. until the end of the policy period.	Yes
7	Sum Insured	Officers : Rs. 4.00 Lakhs Office Assistants & Office Attendants : Rs.3.00 Lakhs
8	Additional Sum Insured for Critical Illness	Rs.1.00 Lakh Only for the Officer / Employee (SELF ONLY)
9	Corporate Buffer	Rs.50 lakhs
10	Pre-existing Diseases and Waiting period Waivers	Waived Off

11	Fixed Room Rent for normal	Rs.5,000/-
12	Fixed Room Rent for ICU	Rs.7,500/-
13	Proportionate deductions	Waived off
	Maternity cover	Covered as per below limits
14	a) for Normal	Rs.50,000/-
	b) For C section	Rs.75,000/-
15	Covid-19	Covered
16	Termination of Pregnancy	Covered, if recommended by the Doctor
17	New Born baby	Covered from Birth
18	Pre and Post Hospitalization	30 and 90 days
19	Domiciliary treatment, Domiciliary Hospitalization	Covered up to Maximum Sum Insured
20	Ambulance Charges	Rs.2, 500/- in case of emergency.
21	Congenital anomalies cover	Internal diseases/defect anomalies are covered
22	Addition & Deletion	Pro rata (Date of Joining & Date of discharge from the Bank is considered)
23	Day care Procedures	Covered.
24	Cataract Surgery	Rs.50,000/- per Eye
25	GST	Covered
26	Physiotherapy treatment	Covered, for the period specified by the recommended Doctor
27	Organ Donor cover	Covered ( excluding organ cost)
28	Expenses on Major surgeries/ Illnesses	No capping.
29	Addition of Missed out Dependents not after claim	Facility of adding missed dependents to be provided. No additional premium to be charged as the premium is charged per family premium.
30	Submission of claim documents for reimbursement	Within 30days from the discharge.
31	Intimation of claim	Within 30 days from the date of admission
32	Third Party Administrator	As decided by the Bank
33	Broker	Anand Rathi Insurance Brokers Limited

*Samir* *Yes*

## Annexure:II – Policy Wordings

### Medical Scheme for the Officers/ Employees of Sarva Haryana Gramin Bank

#### 1 RECITAL CLAUSE

1.1 Whereas the Proposer designated in the Schedule hereto has by a proposal together with declaration, which shall be the basis of this Contract and is deemed to be incorporated herein, has applied to Insurance Company Ltd. (hereinafter called the Company), for the Insurance hereinafter set forth, in respect of person(s) named in the Schedule hereto (hereinafter called the Insured Persons) and has paid the premium as consideration for such insurance.

#### 1.2 OPERATIVE CLAUSE

The Company undertakes that if during the Policy Period stated in the Schedule, any Insured Person(s) shall suffer any illness or disease (hereinafter called Illness) or sustain any bodily injury due to an Accident (hereinafter called Injury), requiring Hospitalization of such Insured Person(s), for In-Patient Care at any hospital/nursing home (hereinafter called Hospital) or for Day Care Treatment at any Day Care Centre, following the Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify the Hospital or the Insured, Reasonable and Customary Charges Incurred for Medically Necessary Treatment towards the Coverage mentioned herein.

Provided further that, the amount payable under the Policy in respect of all such claims during the Policy Period shall be subject to the coverage, terms, exclusions, conditions, definitions and sub limits contained herein as well as shown in the Table of Benefits, and shall not exceed the Sum Insured of the Insured Person as mentioned in the Schedule.

1.3 The scheme covers expenses of the officers / employees and dependents in cases he/she shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such Insured Person, upon the advice of a duly qualified Physician/ Medical Specialist/ Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalization/ domiciliary hospitalization and domiciliary treatment expenses as defined in the Scheme, for medical/ surgical treatment at any Nursing Home/ Hospital / Clinic (for domiciliary treatment)/ Day care Centre which are registered with the local bodies, in India as herein defined (hereinafter called HOSPITAL) as an inpatient or otherwise as specified as per the scheme, to the extent of the sum insured + Corporate buffer.

1.0 The Scheme Covers Employee + Spouse + Dependent Children + 2 dependent Parents /parents-in-law.

1.1 No age limit for dependent children. (Including step children and legally adopted children) A child would be considered dependent if the monthly income does not exceed Rs. 12,000/- per month; which is at present, or revised by Indian Banks' Association in due course. Widowed Daughter and dependent divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband/ widowed sisters and Crippled Child shall be considered as dependent for the purpose of this policy. Physically challenged Brother / Sister with 40% or more disability.

1.2 No Age Limits for Dependent Parents. Either Dependent Parents or parents-in-law will be covered. Parents would be considered dependent if their monthly income does not exceed Rs.12, 000/- per month.

1.3 All New Officers / employees to be covered from the date of joining as per their appointment letter. For additions /deletions during policy period, premium to be charged /refunded on pro rata basis.

1.4 Continuity benefits coverage to officers / employees after their retirement also will remain in force in the policy till expiry of the policy.



1.5 In case of a death of employee/ officer the dependents will be in force in the policy till the expiry of the policy.

1.6 Sum Insured: Hospitalization and Domiciliary Treatment coverage as defined in the scheme per annum

Officers : Rs.4.00 Lakhs

Clerical Staff : Rs.3.00 Lakhs

Sub Staff : Rs.3.00 Lakhs

1.7 Change in sum insured after commencement of policy to be considered in case of promotion of the employee or vice versa.

1.8 Corporate buffer: Rs.50.00 Lakhs

BUFFER MAY BE UTILISED FOR ANY EXCESS AMOUNT OVER AND ABOVE THE SUM INSURANCE LIMITS.

## 1.9 Basic Cover

- a. In the event of any claim becoming admissible under this scheme, the company will pay to the Hospital/Nursing Home or Insured Person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medically necessary incurred thereof by or on behalf of such insured person but not exceeding the Sum Insured in aggregate mentioned in the Schedule hereto.
- b. Room and boarding expenses as provided by the Hospital/Nursing Home not exceeding per day limit as mentioned in the Schedule or the actual amount whichever is less.
- c. Intensive care Unit (ICU) expenses not exceeding per day limit as mentioned in the Schedule or actual amount whichever is less.
- d. Surgeon, team of surgeons, Assistant surgeon, Anaesthetist, Medical Practitioner Consultants, Specialists Fees.
- e. Nursing Charges Service Charges IV Administration Charges Nebulization Charges RMO Charges Aesthetic Oxygen Blood Operation Theatre Charges surgical appliances OT Consumables Medicines & Drugs Dialysis Chemotherapy Radiotherapy Cost of Artificial Limbs Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator Ventilator, Orthopaedic implants, Cochlear Implant, any other implant, Intra Ocular Lenses, infra cardiac valve replacements, vascular stents any other valve replacement Laboratory/Diagnostic tests X ray CT Scan MRI any other scan and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor.
- f. Hospitalization expenses {excluding cost of organ} incurred on donor in respect of organ transplant to the insured.
- g. **Pre-Hospitalization and Post- Hospitalization Expenses** — Medical Expenses relevant to the same condition for which the hospitalization is required incurred during the period up to 30 days prior to hospitalization and during the period up to 90 days after the discharge from the hospital. These expenses are admissible only if the primary hospitalization claim is admissible under the policy.

## 2. Definitions:

**2.1 Accident-** An accident is a sudden, unforeseen, and involuntary event caused by external, visible and violent means.

**2.2 ALTERNATIVE TREATMENTS-** Alternative treatments are forms of treatment other than treatment "Allopathic" or "Modern medicine" and includes Ayurveda, Unani, Siddha, Naturopathy and Homeopathy in the Indian context.

**2.3 ANY ONE ILLNESS** will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment has been taken.

**2.4 CANCELLATION** defines the terms on which the policy contract can be terminated either by the insurer or the insured person by giving sufficient notice to other which is not lower than a period of fifteen days.

**2.5 CASHLESS FACILITY** means a facility extended by the insurer to the insured where the payment of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre — authorization approved.

**2.6 CONGENITAL ANOMALY** refers to a condition(s) which is present since birth and which is abnormal with reference to form, structure or position.

### 1. Internal Congenital Anomaly

Which is not in the visible and accessible parts of the body.

## **2. External Congenital Anomaly**

Which is in the visible and accessible parts of the body.

**2.7 CONDITION PRECEDENT** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional.

**2.8 CONTINUOUS COVERAGE** means uninterrupted coverage of the insured person under our Individual Health Insurance Policies or Family Floater policy from the time the coverage incepted under the policy, provided a break in the insurance period not exceeding thirty days being grace period shall not be reckoned as an interruption in coverage for the purposes of this clause. In case of change in Sum Insured during such uninterrupted coverage, the lowest sum insured would be reckoned for determining continuous coverage. However, the benefit of Continuous Coverage getting carried over from other policies will not be available for HIV/AIDS coverage.

**2.9 DAY CARE CENTRE** means any institution established for day care treatment of illness and/or injuries or a medical set —up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:

- a. Has qualified nursing staff under its employment.
- b. Has qualified Medical practitioner(s) in charge
- c. Has a fully equipped operation theatre of its own where surgical procedures are carried out.
- d. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

**2.10 DAY CARE TREATMENT**-Day Care Treatment means the medical treatment and / or surgical Procedure which is –

- i) Undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancement and
- ii) Which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an outpatient basis is not included in the scope of this definition.

**2.11 DEDUCTIBLE** is a cost sharing requirement under a Health Insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of Indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

**2.12 DENTAL TREATMENT** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

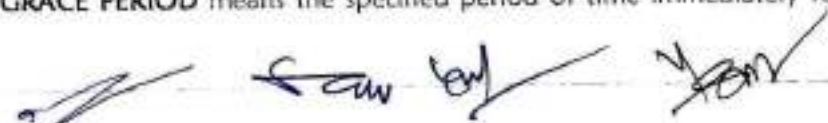
**2.13 DISCLOSURE TO INFORMATION NORM:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**2.14 EMERGENCY CARE** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

**2.15 EMERGENCY DENTAL TREATMENT** means the services or supplies provided by a Licensed dentist, Hospital or other provider that are medically and immediately necessary to treat dental problems resulting from injury. However, this definition shall not include any treatment taken for a pre-existing condition.

**2.16 EMERGENCY MEDICAL TREATMENT** means the services or supplies provided by a Physician, Hospital or Licensed provider that are medically necessary to treat any illness or other covered condition that is acute (onset is sudden and unexpected), considered life threatening and one which if left untreated, could deteriorate resulting in serious and irreparable harm.

**2.17 GRACE PERIOD** means the specified period of time immediately following the premium due date during



which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre — existing diseases. Coverage is not available for the period for which no premium is received.

**2.18 HOSPITAL/NURSING HOME** means any institution established for in -patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10 Lacs and at least 15 in -patient beds in all other places.
- Has a qualified medical Practitioner(s) in charge round the clock.
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out.
- Maintains daily records of patients and makes these accessible to the insurance company authorized personnel.

The term 'Hospital/Nursing Home' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

For Ayurveda, Unani, Siddha, Naturopathy and Homeopathy treatment, hospitalization expenses are admissible only when the treatment has been undergone in a hospital as defined in clause 3.3 below.

**2.19 HOSPITALISATION** means admission in a Hospital/Nursing Home for a minimum period of 24 In-patient care consecutive "In-patient care" hours except for the specified day care procedures/treatments, where such admission could be for a period of less than 24 consecutive hours. For the list of these specified day care procedures/treatments, please see 3.4.

Note: Procedures/treatments usually done in outpatient department are not payable under the policy even if admitted/converted as an in-patient in the hospital for more than 24 hours.

**2.20 ID CARD** means the identity card issued to the Insured person by the TPA to avail cashless facility in network provider.

**2.21 ILLNESS** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

(a) Acute Condition-Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery

(b) Chronic Condition-A chronic Condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

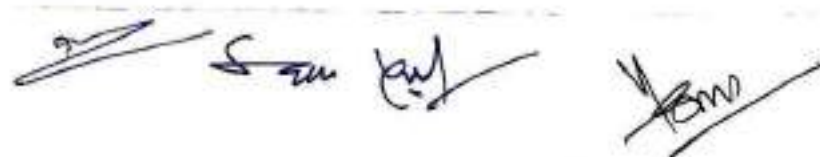
- It needs ongoing or long term monitoring through consultations, examinations, check-ups, and/or tests.
- It needs ongoing or long term control or relief of symptoms.
- It requires rehabilitation for the patient or for the patient to be specially trained to cope with it.
- It continues indefinitely.
- It recurs or is likely to recur.

**2.22 INJURY** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

**2.23 IN-PATIENT CARE** means treatment for which the Insured person has to stay in a hospital for more than 24 hours for a covered event.

**2.24 INSURED PERSON** means the employee of the bank and each of the other family members who are covered under this policy as shown in the Schedule.

**2.25 INTENSIVE CARE UNIT** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of



care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**2.26 INTENSIVE CARE (ICU) CHARGES** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

**2.27 MEDICAL ADVICE** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

**2.28 MEDICAL EXPENSES** means those expenses that an Insured person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**2.29 MEDICALLY NECESSARY TREATMENT** is defined as any treatment, tests, medication, or stay in hospital or part of a stay in a hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**2.30 MEDICAL PRACTITIONER:** A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of license.

The term Medical Practitioner would include Physician, Specialist and Surgeon. The registered Medical Practitioner should not be the insured or any member of his family including parents and in-laws.

**2.31 NETWORK PROVIDER** means the hospital/nursing home or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility. The list of Network Hospitals is maintained by and available with the TPA and the same is subject to amendment from time to time.

**PPN-PREFERRED PROVIDER NETWORK** means a network of hospitals which have agreed to a cashless packaged pricing for specified planned procedures for the insured person. Updated list of network provider/PPN is available on website of the company and website of the TPA mentioned in the schedule and is subject to amendment from time to time

**2.32 NEW BORN BABY:** A new born baby means a baby born during the Policy Period aged between one day and 90 days, both days inclusive.

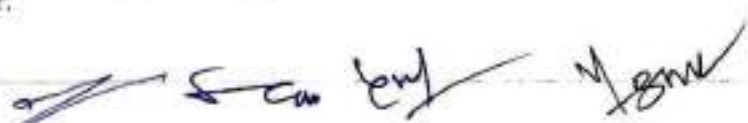
**2.33 NON -NETWORK HOSPITALS** means any hospital, day care centre or other provider that is not part of the network.

**2.34 NOTIFICATION OF CLAIM** is the process of notifying a claim to the insurer or TPA within specified timelines through any of the recognized modes of communication.

**2.35 OPD (Out-patient) TREATMENT** means the one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in -patient.

**2.36 PERIOD OF INSURANCE** means the period for which this policy is taken and is in force as specified in the Schedule.

**2.37 PORTABILITY** means transfer by an Individual Health Insurance Policyholder (including family cover) of the credit gained for pre-existing conditions time bound exclusions if he/she chooses to switch from one insurer to another.



**2.38 PRE-EXISTING DISEASE** means any condition, ailment or injury or related condition(s) for which insured person had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months prior to the first policy issued by the insurer. Any complication arising from pre-existing disease shall be considered as a part of the pre-existing disease.

**2.39 PRE-HOSPITALISATION MEDICAL EXPENSES**

Relevant medical expenses incurred immediately 30 days before the Insured person is hospitalized provided that

- Such medical expenses are incurred for the same condition for which the Insured Person's Hospitalization was required; and
- The In-patient Hospitalization claim for such Hospitalization is admissible by us.

**2.40 POST HOSPITALISATION MEDICAL EXPENSES**

Relevant medical expenses incurred immediately 90 days after the insured person is discharged from the hospital provided that:

- Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required; and
- The In-patient Hospitalisation claim for such Hospitalisation is admissible by us.

**2.41 PSYCHIATRIC DISORDER** means clinically significant Psychological or behavioral syndrome that causes significant distress, disability or loss of freedom (and which is not merely a socially deviant behavior or an expected response to a stressful life event) as certified by a Medical Practitioner specialized in the field of Psychiatry after physical examination of the insured person in respect of whom a claim is lodged.

**2.42 PSYCHOSOMATIC DISORDER** means one or more psychological or behavioral problems that adversely and significantly affect the course and outcome of general medical condition or that significantly increase a person's risk of an adverse outcome as certified by a Medical Practitioner specialized in the field of Psychiatry after Physical examination of the insured person in respect of whom a claim is lodged.

**2.43 QUALIFIED NURSE** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any State in India.

**2.44 REASONABLE AND CUSTOMARY CHARGES**

Reasonable and Customary charges mean the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/injury involved.

**2.45 RENEWAL** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

**2.46 ROOM RENT** shall mean the amount charged by a hospital for the Occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

**2.47 SUM INSURED** is the maximum amount of coverage under this policy opted for all insured persons shown in the schedule.

**2.48 SURGERY OR SURGICAL PROCEDURE** means manual and for operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

**2.49 THIRD PARTY ADMINISTRATOR (TPA)** means any person who is registered under the IRDAI (Third Party Administrators-Health Services) Regulations 2016 notified by the Authority, and is engaged for a fee or remuneration by an insurance company, for the purposes of providing health services as defined in those.

**2.50 UNPROVEN/EXPERIMENTAL TREATMENT** means any treatment including drug experimental therapy which is not based on established medical practice in India.

2.51 WE/OUR/US/COMPANY means .....INSURANCE COMPANY LIMITED

### 3 ADDITIONAL COVERAGES:

#### **3.1 DOMICILIARY TREATMENT/ OPD TREATMENT:**

Medical expenses incurred in case of the following diseases which need domiciliary treatment as may be certified by the attending medical practitioner and /or bank's medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100% subject to the overall limit of Sum Insured under the policy:

1. Accidents of Serious Nature
2. Addison's Disease
3. All Animal/reptile/insect bite or sting
4. All Seizure disorders
5. Any organ related (chronic) condition
6. Aplastic Anemia
7. Arthritis
8. Autoimmune Myositis
9. Autoimmune vasculitis
10. Approved targeted therapies for treatment of Cancer in day care and on standalone basis. (Immunotherapy — Monoclonal Antibody Cancer treatment on standalone basis).
11. Cancer
12. Cardiac Ailment.
13. Celiac Disease
14. Cerebral Palsy
15. Chronic obstructive Pulmonary Disease a Bronchitis, Asthma
16. Chronic Pancreatitis
17. Connective tissue disorder
18. Diabetes and its complications (including Type 1 Diabetes)
19. Diphtheria
20. Epidermolysis bullosa
21. Expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukaemia
22. Glaucoma
23. Grave's Disease
24. Growth disorders
25. Haemorrhages caused by accidents
26. Hashimoto's Thyroiditis
27. Hemophilia
28. Hepatitis -B, Hepatitis-C
29. Hypertension
30. Hypothyroidism, hyperthyroidism
31. Inflammatory Bowel Disease
32. Kidney Ailment
33. Leprosy
34. Leukemia
35. Malaria
36. Multiple Sclerosis/Motor Neuron Disease
37. Muscular dystrophies
38. Myasthenia gravis
39. Non — Alcoholic Cirrhosis of Liver
40. Osteoporosis
41. Paralysis
42. Parkinson's Diseases
43. Pernicious Anemia
44. Physiotherapy
45. Pleurisy



46. Polio
47. Psoriasis/Psoriatic Arthritis
48. Psychiatric disorder including Schizophrenia and Psychotherapy
49. Purpura
50. Rheumatoid Arthritis (RA)
51. Sickle cell disease, systemic lupus erythematosus (SLE)
52. Sjogren's Syndrome
53. Sleep apnea syndrome (not related to obesity)
54. Status asthmaticus, sequelae of meningitis
55. Swine flu
56. System Lupus Erythematosus
57. Thalassemia
58. Third Degree burns
59. Thrombo embolism venous thrombosis/venous thrombo embolism (VTE)
60. Treatment for Age related Macular Degeneration (ARMD) and Intra Vitreal injections for eye disorders other than ARMD also.
61. Tuberculosis
62. Tumor
63. Typhoid
64. Ulcerative Colitis
65. Varicose veins
66. Venous Thrombosis (not caused by smoking)
67. Wilson's disease
68. All strokes leading to paralysis.
69. Chikungunya
70. Dengue Fever

The cost of medicines, investigations, and consultations etc. In respect of domiciliary treatment shall be reimbursed for the period stated by the specialist and/or the attending doctor and/or the bank's medical officer, in Prescription duly supported by relevant investigation reports wherever necessary. If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.

**3.2 Domiciliary Hospitalization** means medical treatment for a period exceeding 3 days for such an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- A) The condition of the patient is such that he/she is not a condition to be removed to a hospital or
- B) The patient takes treatment at home on account of non-availability of room in a hospital.

**3.3 Alternative Treatment-** Subject to the condition that the hospitalization expenses are admissible only when the treatment has been undergone in:

- a) Central or State Government AYUSH Hospital; or
- b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
  - i. Having at least 5 in-patient beds;
  - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
  - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Company's Liability for all claims admitted in respect of any/ill insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule.

**3.4 Expenses on Hospitalization** for minimum period of a day are admissible. However, this time limit is not applied to specific treatments, such as

1	Adenoidectomy	20	Haemo dialysis
2	Appendectomy	21	Fissurectomy/Fistulectomy
3	Ascitic/Pleural tapping	22	Ascitic/Pleural tapping
4	Auroplasty not Cosmetic in nature	23	Hydrocele Surgeries
5	Coronary/Renal Angiography	24	Hysterectomy
6	Coronary angioplasty	25	Inguinal/ventral/mbilical/femoral hernia surgeries
7	Dental Surgery	26	Dental Surgery
8	D&C	27	Polypectomy
9	Excision of cyst/granuloma/lump/tumor	28	Septoplasty
10	Septoplasty	29	Piles/Fistula Surgeries
11	Piles/Fistula Surgeries	30	Prostate surgeries
12	Radiotherapy	31	Sinusitis surgeries
13	Chemotherapy	32	Tonsillectomy
14	Lithotripsy	33	Liver aspiration
15	Incision and drainage of abscess	34	Sclerotherapy
16	Varicocelelectomy	35	Varicose Vein Ligation
17	Wound Suturing	36	All scopes along with biopsies
18	FESS 37	37	Lumbar puncture
19	Operations/Micro Surgical operations on the nose, mouth, middle ear/internal ear, tongue, face, tonsils & adenoids, salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs.		

#### Day care procedures

##### ENT: Operation of the ear

- 1 Stapedotomy or Stapedectomy
- 2 Myringoplasty (Type -I Tympanoplasty)
- 3 Tympanoplasty (closure of an eardrum perforation)
- 4 Reconstruction and other Procedures of the auditory ossicles
- 5 Myringotomy
- 6 Removal of a tympanic drain
- 7 Mastoidectomy
- 8 Reconstruction of the middle ear
- 9 Fenestration of the inner ear
- 10 Incision (opening) and destruction (elimination) of the inner ear


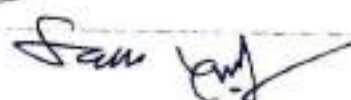

##### ENT: Procedures on the nose & the nasal sinuses

- 11 Excision and destruction of diseased tissue of the nose
- 12 Procedures on the turbinates (nasal concha)
- 13 Nasal sinus aspiration

##### ENT: Procedures on the tonsils & adenoids

- 14 Transoral incision and drainage of a pharyngeal abscess
- 15 Tonsillectomy and / or adenoidectomy
- 16 Excision and destruction of a lingual tonsil

17	Quinsy drainage
OPHTHALMOLOGY: Procedures on the eyes	
18	Incision of tear glands
19	Excision and destruction of diseased tissue of the eyelid
20	Procedures on the canthus and epicanthus
21	Corrective surgery for entropion and ectropion
22	Corrective surgery for blepharoptosis
23	Removal of a foreign body from the conjunctiva
24	Removal of a foreign body from the cornea
25	Incision of the cornea
26	Procedures for pterygium
27	Removal of a foreign body from the lens of the eye
28	Removal of a foreign body from the posterior chamber of the eye
29	Removal of a foreign body from the orbit and eyeball
30	Operation of cataract
31	Chalazion removal
32	Glaucoma Surgery
33	Surgery of Retinal Detachment
Procedures on the skin & subcutaneous tissues	
34	Incision of a pilonidal sinus
35	Other incisions of the skin and subcutaneous tissues
36	Surgical wound toilet (wound debridement)
37	Local excision or destruction of diseased tissue of the skin and subcutaneous tissues
38	Simple restoration of surface continuity of the skin and subcutaneous tissues
39	Free skin transplantation, donor site
40	Free skin transplantation, recipient site
41	Revision of skin plasty
42	Restoration and reconstruction of the skin and subcutaneous tissues
43	Chemosurgery to the skin
44	Excision of Granuloma 17
45	Incision and drainage of abscess
Procedures on the tongue	
46	Incision, excision and destruction of diseased tissue of the tongue
47	Partial glossectomy
48	Glossectomy
49	Reconstruction of the tongue
Procedures on the salivary glands & salivary ducts	
50	Incision and lancing of a salivary gland and a salivary duct
51	Excision of diseased tissue of a salivary gland and a salivary duct
52	Resection of a salivary gland
53	Reconstruction of a salivary gland and a salivary duct
Procedures on the mouth & face	
54	External incision and drainage in the region of the mouth, jaw and face
55	Incision of the hard and soft palate
56	Excision and destruction of diseased hard and soft palate
57	Incision, excision and destruction in the mouth
58	Plastic surgery to the floor of the mouth
59	Palatoplasty

Trauma surgery and orthopaedics	
60	Incision on bone, septic and aseptic
61	Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
62	Suture and other Procedures on tendons and tendon sheath
63	Reduction of dislocation under GA
64	Arthroscopic knee aspiration
65	Aspiration of hematoma
66	Excision of dupuytren's contracture
67	Carpal tunnel decompression
68	Surgery for ligament tear
69	Surgery for meniscus tear
70	Surgery for hemoarthrosis /pyoarthrosis
71	Removal of fracture pins/nails
72	Removal of metal wire
73	Joint Aspiration - Daignostic / therapeutic
Procedures on the breast	
74	Incision of the breast
75	Procedures on the nipple
76	Excision of breast lump /Fibro adenoma
Procedures on the digestive tract	
77	Incision and excision of tissue in the perianal region
78	Surgical treatment of anal fistulas
79	Surgical treatment of haemorrhoids
80	Division of the anal sphincter (sphincterotomy)
81	Ultrasound guided aspirations
82	Sclerotherapy
83	Therapeutic Ascitic Tapping
84	Endoscopic ligation /banding
85	Dilatation of digestive tract strictures
86	Endoscopic ultrasonography and biopsy
87	Replacement of Gastrostomy tube
88	Endoscopic decompression of colon
89	Therapeutic ERCP 18
90	Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
91	Endoscopic Gastrostomy
92	Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.
93	Endoscopic Drainage of Pseudopancreatic cyst
94	Hernia Repair (Herniotomy / herniography / hernioplasty)
Procedures on the female sexual organs	
95	Incision of the ovary
96	Insufflation of the Fallopian tubes
97	Dilatation of the cervical canal
98	Conisation of the uterine cervix
99	Incision of the uterus (hysterotomy)
100	Therapeutic curettage
101	Culdotomy
102	Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
103	Procedures on Bartholin's glands (cyst)

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104	Endoscopic polypectomy
105	Myomectomy , hysteroscopic or laparoscopic biopsy or removal
Procedures on the prostate & seminal vesicles	
106	Incision of the prostate
107	Transurethral excision and destruction of prostate tissue
108	Open surgical excision and destruction of prostate tissue
109	Radical prostatovesiculectomy
110	Incision and excision of periprostatic tissue
Procedures on the scrotum & tunica vaginalis testis	
111	Incision of the scrotum and tunica vaginalis testis
112	Operation on a testicular hydrocele
113	Excision and destruction of diseased scrotal tissue
114	Plastic reconstruction of the scrotum and tunica vaginalis testis
Procedures on the testes	
115	Incision of the testes
116	Excision and destruction of diseased tissue of the testes
117	Orchidectomy- Unilateral / Bilateral
118	Orchidopexy
119	Abdominal exploration in cryptorchidism
120	Surgical repositioning of an abdominal testis
121	Reconstruction of the testis
122	Implantation, exchange and removal of a testicular prosthesis
Procedures on the spermatic cord, epididymis and DuctusDeferans	
123	Surgical treatment of a varicocele and hydrocele of spermatic cord
124	Excision in the area of the epididymis
125	Epididymectomy
126	Reconstruction of the spermatic cord
127	Reconstruction of the ductus deferens and epididymis
Procedures on the penis	
128	Procedures on the foreskin
129	Local excision and destruction of diseased tissue of the penis
130	Amputation of the penis
131	Plastic reconstruction of the penis
Procedures on the urinary system	
132	Cystoscopic removal of stones
133	Lithotripsy 19
134	Haemodialysis
135	PCNS (Percutaneous nephrostomy)
136	PCNL (PercutaneousNephro-Lithotomy)
137	Trans urethral resection of bladder tumor
138	Suprapubiccystostomy
Procedures of Respiratory System	
139	Brochosopic treatment of bleeding lesion
140	Brochosopic treatment of fistula /stenting
141	Bronchoalveolar lavage & biopsy
142	Direct Laryngoscopy with biopsy
143	Therapeutic Pleural Tapping
Procedures of Heart and Blood vessels	

*Sanjay*

144	Coronary angiography (CAG)
145	Coronary Angioplasty (PTCA)
146	Insertion of filter in inferior vena cava
147	TIPS procedure for portal hypertension
148	Blood transfusion for recipient
149	Therapeutic Phlebotomy
150	Pericardiocentesis
151	Insertion of gel foam in artery or vein
152	Carotid angioplasty
153	Renal angioplasty
154	Varicose vein stripping or ligation
OTHER Procedures	
155	Radiotherapy for Cancer
156	Cancer Chemotherapy
157	True cut Biopsy
158	Endoscopic Foreign Body Removal
159	Vaccination / Inoculation - Post Dog bite or Snake bite
160	Endoscopic placement/removal of stents
161	Tumorembolisation
162	Aspiration of an internal abscess under ultrasound guidance

This condition will also apply in case of stay in hospital of less than a day provided —

- The treatment is undertaken under General or Local Anesthesia in a hospital/day care Centre in less than a day because of technological advancement.
- Which would otherwise require hospitalization of more than a day.

### 3.5 MATERNITY EXPENSES BENEFIT EXTENSION

We will pay the Maternity Expenses for the delivery of a child and/or Maternity Expenses related to a Medically Necessary Treatment and lawful medical termination of pregnancy during the Policy Year. The maximum benefit available allowable under this clause will be upto Rs. 50,000/- for Normal Delivery and Rs. 75000/- for Caesarean Section- The hospitalization expenses in respect of the new born child will be covered within the Mother's Maternity expenses.

#### Special conditions applicable to Maternity Expenses Benefit Extension:

- No waiting period for 9 months under Maternity benefit.
- Pre-natal and Post-natal charges in respect of Maternity benefit are covered up to 30 days and 60 days respectively unless the same requires hospitalisation.
- Missed Abortions, Miscarriage, Medical Termination of pregnancy or abortions induced by accidents are covered under the limit of maternity expenses.
- Complications in Maternity including operations for extra uterine/ectopic pregnancy would be covered up to Sum Insured + Corporate buffer.
- Maternity Expenses Benefit Extension is allowable irrespective of the number of living children.

### 3.6 BABY DAY ONE COVER

New born baby is covered from day one. All expenses incurred on the new born baby during maternity will be covered up to Rs. 20,000/- per child, in addition to the Maternity limit. However, if the baby contracts any illness the same shall be considered in the Sum Insured + Corporate Buffer. Baby to be taken as an additional member within the normal family floater.

### 3.7 AMBULANCE CHARGES

Ambulance charges are payable up to Rs. 2500 per trip to hospital and/or transfer to another hospital or

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Transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to Rs. 750 per hospitalization. Ambulance charges actually incurred on transfer from one center to another Center due to non-availability to medical service/medical complication shall be payable in full.

### **3.8 PRE EXISTING DISEASES/AILMENTS**

Pre-existing diseases are covered under the scheme from day one.

### **3.9 CONGENITAL ANOMALIES**

Expenses for treatment of congenital internal/external diseases, defects anomalies are covered under the policy

### **3.10 PSYCHIATRIC DISEASES**

Expenses for treatment of psychiatric and psychosomatic diseases will be payable with or without Hospitalization up to the sum insured.

### **3.11 ADVANCED MEDICAL TREATMENT**

New advanced medical procedures approved by the appropriate authority eg. Laser surgery, stem cell therapy For treatment of a disease is payable on hospitalization/day care surgery.

3.12 Treatments taken for accidents can be payable even on OPD basis in a hospital up to Sum Insured

### **3.13 TAXES AND OTHER CHARGES**

All Taxes, Surcharges, Service charges, Registration charges, Admission Charges, Nursing, and Administration charges to be payable. Charges for diapers and sanitary pads are payable if necessary as part of treatment. Charges for hiring a nurse/attendant during hospitalization will be payable only in case of recommendation from treating doctor in case ICU/CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care.

3.14 Treatment for Genetic disorder and stem cell therapy is covered under the scheme.

3.15 Treatment for Age related Muscular Degeneration (ARMD), treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP) and related treatments are covered under the scheme. Treatment for all neurological/macular degenerative disorders shall be covered under the scheme.

3.16 Rental charges for external and/or durable medical equipment used for diagnosis and/or treatment including CPAP, CAPD, Bi-PAP, Infusion pump and related equipment will be covered under the scheme. However, purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.

3.17 Ambulatory devices i.e walker, crutches, belts, collars, caps, splints, braces, stockings, elastocrepe bandages, external orthopedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including glucose test strips)/Nebulizer/prosthetic device/Thermometer, alpha/water bed and similar items will be covered under the scheme.

3.18 PHYSIOTHERAPY CHARGES: Physiotherapy charges shall be covered for the period specified by the medical practitioner even if taken at home. All claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the sum insured stated in the schedule and Corporate Buffer if allocated.

## **4. EXCLUSIONS:**

The company shall not be liable to make any payment under the policy in respect of any expenses whatsoever incurred by the insured person in connection with or in respect of:

### **4.1. Investigation & Evaluation**

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

### **4.2. Rest Cure, Rehabilitation and Respite Care**

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

#### 4.3. Change-of-Gender Treatments

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

4.4. Stay in Hospital which is not Medically Necessary.

4.5. Self-Inflicted Injury

Treatment for intentional self-inflicted injury, attempted suicide.

4.6. Birth control, Sterility and Infertility

Expenses related to sterility and infertility. This includes: i. Any type of sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization

4.7. Refractive Error -Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters.

4.8. Unproven Treatments

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

4.9. Drug/Alcohol Abuse

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof

4.10. Non Prescription Drug

Drugs not supported by a prescription, private nursing charges, referral fee to family physician, outstation doctor/surgeon/consultants' fees and similar expenses

4.11. Home Visit Charges

Home visit charges during Pre and Post Hospitalisation of doctor, aya, attendant and nurse.

4.12. Breach of Law

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

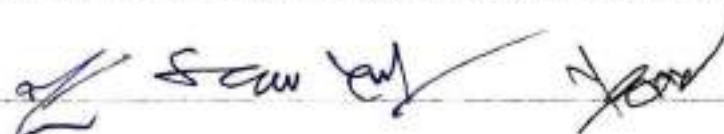
4.13 Injury/disease directly or indirectly caused by or attributable to war, invasion, Act of Foreign enemy, War like operations (whether war be declared or not); Nuclear radiation/weapon/materials.

- 4.14
- a. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
  - b. Vaccination or Inoculation
  - c. Change of life or cosmetic or aesthetic treatment of any description is not covered.
  - d. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.

4.15

Cost of spectacles and contact lenses, hearing aids, other than Intra-Ocular Lenses and Cochlear Implant.

4.16 Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.



4.17 Convalescence, rest cure, obesity treatment and its complications including morbid obesity, Venereal disease and use of intoxication drugs/alcohol.

4.18 All expenses arising out of any condition directly or indirectly caused to or associated with Human T Cell Lymphotropic Virus Type III (HTLV — III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome of a similar kind commonly referred to as AIDS.

4.19 Charges incurred at hospital/nursing home primarily for diagnosis x ray or laboratory examinations or other diagnostic studies not consistent with diagnosis and treatment of positive existence of any ailment, sickness or injury for which confinement is required at a Hospital/Nursing Home unless recommended by the attending

4.20 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified the attending physician.

4.21 All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, barber or beauty devices, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses unless and otherwise necessitated during the course of treatment.

4.22 Critical illness diagnosed before the commencement of the policy are not covered.

4.23 Expenses on purchase of medicine not supported by bills/receipts/cash memos with valid GST No of the issuer of such bills/receipts/cash memos.

## **5. Claims Procedure**

### **A. Claims Administration and Process**

It shall be the condition precedent to admission of our Liability under this policy that the terms and conditions of making payment of premium on full or in time in so far as they relate to anything to be done or complied with by you or any Insured Person, are fulfilled including complying with the following in relation to claims :


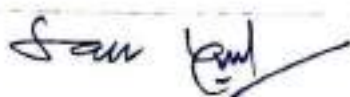

1. On the occurrence or discovery of a illness or injury that may give rise to a claim under this policy, the claims procedure set out below shall be followed.
2. The treatment should be taken as per the advice, directions and guidance of the treating medical practitioner. Any failure to follow such advice, directions and guidance will prejudice the claim.
3. The insured person must submit to medical examination by our medical practitioner in case requested by us and at our cost, as often as we consider reasonable and necessary and we/our representatives must be permitted to inspect the medical and hospitalization records pertaining to the insured person's treatment and to investigate the circumstances pertaining to the claim.
4. We and our representatives must be given all reasonable cooperation in investigating the claim in order to assess our liability and quantum in respect of the claim.

### **Notification of Claim**

Upon the happening of any event which may give rise to any claim under this policy, the insured or insured's representative shall notify the TPA in writing by letter, email, fax providing all relevant information relating to claim including plan of treatment, policy number etc.

### **B. Procedure for cashless claims**

1. Cashless facility for treatment shall be available to insured in network hospitals only.
2. Treatment may be taken in a network provider/PPN and is subject to pre authorization by the TPA. Booklet containing list of network providers/PPN hospitals shall be provided by the TPA. Updated list of network provider/PPN is available on website of the company and the TPA mentioned in the schedule

3. Call the TPA's toll free phone number provided on the health ID card for intimation of claim and related assistance. Inform the ID number for easy reference.

4. On admission in the network provider/PPN, produce the ID card issued by the TPA at the hospital helpdesk. Cashless request form available with the network provider/PPN and TPA shall be completed and sent to TPA for authorization. Each request for pre authorization must be through duly completed standard pre-authorization format including the following details:

- i. The health card which the insurer or the associated TPA has issued to the insured person supported with KYC documents;
- ii. The Policy Number;
- iii. Name of the Policy Number/Employer;
- iv. Name and address of insured person/Employee/member in respect of whom the request is being made;
- v. Nature of the illness/injury and the treatment/surgery required;
- vi. Name and address of the attending Medical Practitioner;
- vii. Hospital where the treatment/Surgery is proposed to be taken;
- viii. Proposed date of admission;

5. If these details are not provided in full or sufficient or are insufficient for the associated TPA to consider the request, the associated TPA will request additional information or documentation in respect of that request.

6. When the associated TPA has obtained sufficient details to access the request, the associated TPA will issue the authorization letter specifying the specified amount, any specific limitation on the claim, applicable deductibles, and non-payable items if applicable, or we may reject the request for pre-authorization specifying reason for the rejection.

7. The TPA upon getting cashless request form and related medical information from the insured person/network hospital/PPN shall issue pre-authorization letter to the hospital after verification.

8. Once the request for pre-authorization has been granted, the treatment must take place within 15 days of the pre-authorization date at a Network Provider and pre-authorization shall be valid only if all the details of the authorized treatment, including dates, hospitals and locations match with the details of the actual treatment received. For Hospitalization where Cashless Facility is pre-authorized by the associated TPA, the associated TPA will make the payment of the amounts assessed to be due directly to the Network Provider.

9. In the event that the cost of hospitalization exceeds the authorized limits as mentioned in the authorizations letter;

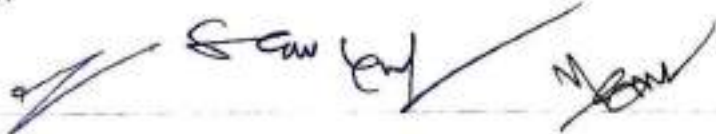
- a) The network provider shall request us for an enhancement of authorizations limit as described under section 5.B including details of the specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
- b) We shall accept or decline such request for enhancement of pre-authorized limit for enhancement.

In the event of any change in the diagnosis, plan of Treatment, cost of Treatment during Hospitalization to the insured person, the network provider shall obtain a fresh authorizations letter from us in accordance with the process described under 5.B above.

10. At the time of discharge, the insured person shall verify and sign the discharge papers and pay for non-medical and inadmissible expenses.

11. at the time of discharge:

- a. The Network Provider may forward a final request for authorizations for any residual amount to the TPA along with the discharges summary and the detailed bill break up in accordance with the process described at 5.B above.
- b. Upon receipt of the final authorizations letter from TPA, the insured person may be discharged by the Network Provider.



Note: (Applicable to 5 B): Cashless facility for hospitalization expenses shall be limited exclusively to Medical Expenses incurred for treatment undertaken in a Network Provider/PPN hospital for Illness or Injury/Accident/Critical Illness as the case which may be which are covered under the policy. For all cashless authorizations, the insured person, will in any) vent be required to settle all non-admissible expenses, expenses above specified Sub Limits (if applicable), Co-Payments and/or opted Deductible (Per Claim/Aggregate/Corporate) (if applicable), directly with the hospital.

12. The TPA reserves the right to deny pre-authorizations in case the insured person is unable to provide the relevant medical details. Denial of a pre-authorizations request is in no way to be construed as denial of treatment or denial of coverage. The insured person may get the treatment as per treating doctor's advice and submit the claim documents to the TPA for possible reimbursement.

13. Claims for pre hospitalization and post hospitalization will be settled on a reimbursement basis on production of cash receipts.

### C. Procedure for reimbursement of claims

In non-network hospitals payment must be made upfront and for reimbursement of claims the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/the bank's office authorized to deal with Health Claims within the prescribed time limit. For all claims for which Cashless Facilities have not been pre-authorized or for which treatment has not been taken at a Network Provider, We shall be given written notice of the claim along with the following details within the timelines as mentioned for reimbursement claims in B above:

- i) The Policy Number;
- ii) Name of the Policy Number/Employer;
- iii) Name and address of Insured person/Employee/member in respect of whom the request is being made;
- iv) Health Card, photo ID, KYC documents;
- v) Nature of illness or injury and the treatment/Surgery taken;
- vi) Name and address of the attending medical practitioner;
- vii) Hospital where treatment/surgery was taken;
- viii) Date of Admission and Date of Discharge;
- ix) Any other information that may be relevant to the Illness/Injury/Hospitalisation;
- x) Duly completed claim form

### D. Documents

1. The claim is to be supported with the following original documents and submitted within the prescribed time limit.

- i Duly completed claim form
- ii. Photo ID and Age Proof
- iii. Health Card, Policy copy, Photo ID and KYC documents
- iv. Attending medical practitioner's/surgeon's certificate regarding diagnosis/nature of operation performed along with date of diagnosis, investigation test reports etc. supported by the prescription from attending medical practitioner
- v. Original discharge card/day re summary/transfer summary
- vi. Original final hospital bill with all origin deposit and final payment receipt
- vii. Original invoice with payment receipt and implant stickers for all implants used during surgeries i.e. lens sticker and invoice in cataract surgery, stent invoice and sticker in Angioplasty surgery
- viii. All previous consultation papers indicating history and treatment details for current ailment
- ix. All original diagnostic reports (including imaging and laboratory) along with medical practitioner's prescription and bill/invoice with receipt from diagnostic centre.
- x. All original medicine/pharmacy bills along with medical practitioner's prescription;
- xi. MLC /FIR copy- In Accidental case only;
- xii. Copy of death summary and copy of death certificate (in death claims only);
- xiii. Pre and post-operative imaging reports-in Accidental cases only;
- xix. Copy of indoor case papers with nursing sheet detailing medical history of the Insured Person, treatment details and the Insured Person's progress;

Note:-

In the event of a claim lodged as per Settlement under multiple policies clause and the original documents having been submitted to the other insurer, the company may accept the duly certified documents. And claim settlement advice duly certified by the other insurer subject to satisfaction of the company.

2. The Insured Person shall also give the TPA/Company such additional information and assistance as the TPA/Company may require in dealing with the claim including an authorization to obtain Medical and other records from the hospital, lab, etc.
3. All the documents submitted to TPA shall be electronically collected by us for settlement and denial of the claims by the appropriate authority.

#### **E. Scrutiny of Claim Documents**

a. The TPA shall scrutinize the claim form and the accompanying documents. Any deficiency in the documents shall be intimated to the Insured Person/Network Provider as the case may be within 7 working days of submission of documents. If the deficiency in the necessary claim documents is not met or are partially met in 10 working days, The TPA will send a maximum of 3 (three) reminders. We may, at our sole discretion, decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if we observe that such a claim is otherwise valid under the Policy.

b. In case a reimbursement claim is received when a pre-authorization letter has been issued, before approving such a claim, a check will be made with the Network Provider whether the pre-authorization has been utilized as well as whether the Insured Person has settled all the dues with the Network Provider. Once such check and declaration is received from the Network Provider, the case will be processed.

c. The Pre-Hospitalization Medical Expenses Cover claim and Post-Hospitalization Medical Expenses Cover claim shall be processed only after decision of the main Hospitalization claim.

#### **F. Claim Assessment**

Insurer will pay the fixed or indemnity amount as specified in the applicable Base of Optional Cover in accordance with the terms of the Policy.

Insurer will assess all admissible claims under the Policy in the following progressive order:

I. If any Sub Limit on Medical Expenses are applicable as specified in the Policy Schedule/Certificate of Insurance, our liability to make payment shall be limited to the extent of the applicable Sub Limit for that Medical Expense.

II. Opted Deductible (Pre Claim/ Aggregate/ Corporate), if any, shall be applicable on the amount payable by Us after applying (I), and (ii) above.

III. Co-Payments if any, shall be applicable on the amount payable by us after applying (i), and (ii). The Claim amount assessed under Section 5.F (i), (ii) and (iii) will be deducted from the following amounts in the following progressive order after applying Sub Limit.

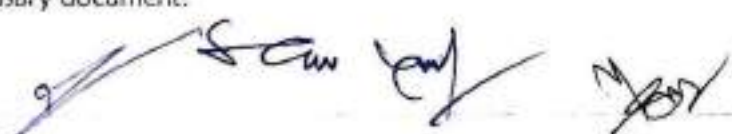
- a. Sum Insured
- b. Corporate Buffer

#### **G. Claim Settlement**

1. On receipt of the final document(s), the company shall within a period of 24 (Twenty Four) days Offer a settlement of the claim to the insured person.

2. In the cases of delay in the payment, the company shall pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate that is 2%(Two percent) above the bank rate prevalent at the beginning of the financial year in which the claim is paid.

3. However, where the circumstances of a claim warrant an investigation in the opinion of the company, it shall initiate and complete such investigation at the earliest, in any case not later the 30 days from the date of receipt of last necessary document. In such cases, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document.



4. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate prevalent at the beginning of the financial year in which the claim is paid, from the date of receipt of last necessary document to the date of payment of claim.

5. The payment of the amount due shall be made by the company, upon acceptance of an offer of settlement as stated above by the Insured person, within 7(Seven) days from the date of acceptance of the offer.

6. A claim, which is not covered under the policy cover and conditions, can be rejected.

#### **H. Rejection/ Repudiation of Claim**

a. If the company, for any reasons, decides to reject/repudiate—a claim under the policy, we shall communicate to the insured person in writing explicitly mentioning the grounds for rejection/repudiation and within a period of 30 (thirty) days from the receipt of the final document(s) of investigation report (if any), as the case may be. Where a rejection is communicated by the Company, the Insured Person may, if so desired, within 15 days from the date of receipt of the claims decision represent to the Company for reconsideration of the decision.

b. In case of rejection of claims, it would go through a committee set up of the Bank, Third Party Administrator and ..... Insurance Co. Ltd. unless rejected by the committee in real time the claim should not be rejected.

#### **I. Claim Payment Terms**

I. We shall have no liability to make payment of a claim under the Policy in respect of an Insured Person once the Sum Insured for that Insured Person is exhausted.

II. All claims will be payable in India and in Indian rupees.

III. We are not obligated to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could have reasonably minimized the costs incurred, or that is brought about or contributed to by the Insured Person by failing to follow the directions, Medical Advice or guidance provided by a Medical Practitioner.

IV. The Sum insured opted under the Policy shall be reduced by the amount payable/ paid under the Policy terms and conditions and any optional covers applicable under the Policy and only the balance shall be available as the Sum Insured for the unexpired Policy Period.

V. If the Insured Person suffers a relapse within 45 days from the date of discharge from the Hospital for which a claim has been made, then such relapse shall be deemed to be part of the same claim and all the limits for "Any one illness" under this Policy shall be applied as if they were under a single claim.

VI. For Cashless claims, the payment shall be made to the Network Provider whose discharge would be complete and final.

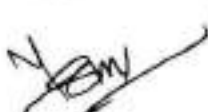
VII. For Reimbursement claims, the payment shall be made to the Insured person. In the unfortunate event of the Insured person's death, we will pay the Nominee (as named in the Policy Schedule/ Certificate of Insurance) and in case of no Nominee, to the legal heir who holds a succession certificate of indemnity bond to that effect, whichever is available and whose discharge shall be treated as full and final discharge of Our liability under the Policy.

J. Claims will be managed through the same Office of the Bank from where it is managed at Present. The Third Party Administrator will be setting up a help desk at that office and supporting the bank in clearing all the claims on real time basis.

### **6 CONDITIONS**

#### **6.1 Disclosure of Information**

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the Proposer. (Explanation: "Material

facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

## **6.2 Condition Precedent to Admission of Liability**

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

## **6.3 Communication**

- i. All communication should be made in writing.
- ii. For Policies serviced by TPA, ID card, PPN/Network Provider related issues to be communicated to the TPA at the address mentioned in the Schedule. For claim serviced by the Company, the Policy related issues to be communicated to the Policy issuing office of the Company at the address mentioned in the Schedule.
- iii. Any change of address, state of health or any other change affecting any of the Insured Person, shall be communicated to the Policy issuing office of the Company at the address mentioned in the Schedule.
- iv. The Company or TPA shall communicate to the Proposer/ Insured Person at the address mentioned in the Schedule.

## **6.4 Physical Examination**

Any Medical Practitioner authorised by the Company shall be allowed to examine the Insured Person in the event of any alleged illness/injury requiring Hospitalisation when and as often as the same may reasonably be required on behalf of the Company.

## **6.5 Fraud**

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the Company. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the Hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the Company or to induce the Company to issue an Insurance Policy:

- a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person/ beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Company.




## **6.6 Territorial Limit**

All medical treatment for the purpose of this policy will have to be taken in India only.

## **6.7 Renewal of Policy**

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured person.

- i. The company shall endeavor to give notice for renewal. However, the company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding

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policy years.

- iii. Request for renewal along with requisite premium shall be received by the company before the end of the policy period.
- iv. After the end of the policy period, the policy can be renewed within the Grace Period of 30 days to maintain continuity benefits without break in policy. Coverage is not available during the grace period.
- v. No Loading shall apply on renewals based on individual claims experience.

#### 6.8 Enhancement of Sum Insured:

Change in Sum Insured after commencement of policy to be considered in case of promotion of the employee of vice versa.

#### 6.9 Guideline for Addition of members: -

Midterm additions are allowed only for natural additions subject to intimation received within 30 days, i.e. new joiners, newly married spouses and new born children. Any additions for new employee, spouse / children would be allowed within 30 days of date of joining marriage / birth respectively.

Bank needs 90 days window to add any of the missing dependent in the policy with no cost for the same.

#### 6.10 Cancellation/Termination:

i. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Period of risk	Rate of premium to be charged
Up to 1 month	1/4 of the annual rate
Up to 3 months	1/2 of the annual rate
Up to 6 months	3/4 of the annual rate
Exceeding 6 months	Full annual rate

#### 6.10 (A) Territorial Jurisdiction

The All disputes or differences under or in relation to the Policy shall be determined by the Indian court and according to Indian law.

#### 6.11 Maintenance of member Records

The Insured shall throughout the period of insurance keep and maintain a proper record of register containing the names of all the Insured persons and other relevant details as are normally kept in any institution/ Organization. The Insured shall declare to the company any additions in the number of Insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed.

It is hereby agreed and understood that, this insurance being a Group Policy availed by the Insured covering Members, the benefit thereof would not be available to member who cease to be part of the group for any reason whatsoever.

#### 6.12 Arbitration

If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the arbitration and conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

#### 6.13 Disclaimer

If the Company shall disclaim liability to the Insured Person for any claim hereunder and if the Insured Person shall not within twelve (12) calendar months from the date of receipt of the notice of such disclaimer notify the



Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

#### **6.14 IRDA Regulations**

This policy is subject to Provisions of Insurance Act, 1938, IRDAI (health Insurance) Regulations 2016 and IRDA (protection of policyholder's interest) Regulations 2017 as amended from time to time.

#### **6.15 Revision of Terms of the Policy Including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The insured person shall be notified three months before the changes are effected.

#### **6.16 Withdrawal of Policy**

In the likelihood of this product being withdrawn in future, the company will intimate the insured person about the same 90 days prior to expiry of the policy. Insured person will have the option to migrate to similar health insurance product available with the company at the time of renewal with all the accrued continuity benefits such as waiver of Waiting Period as per IRDAI guidelines, provided the policy has been maintained without a break.

#### **Critical illness Benefit Cover**

For the purpose of this Section, "Critical illness" means any illness, medical event or surgical procedure as specifically defined whose signs or symptoms first commence since the commencement of the policy year. The benefits under this cover (as set out below) will be over and above the base sum insured.

The cover is applicable provided that the critical illness, which the insured person is suffering from, occurs or first manifests itself during the policy year as a first incidence.

Critical illness is to be provided to the employee subject to a sum Insured of Rs. 1,00,000/-. The cover starts on inception of the policy. In case an employee contracts a critical illness as listed below, the total sum insured of Rs. 1,00,000/- is paid, as a benefit. This benefit is provided on first detection/diagnosis of the critical illness.

A. List of Critical illnesses cover under this Benefit:

##### **I. Cancer of Specified Severity (Including Leukemia)**

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The terms cancer includes leukemia, lymphoma and sarcoma.

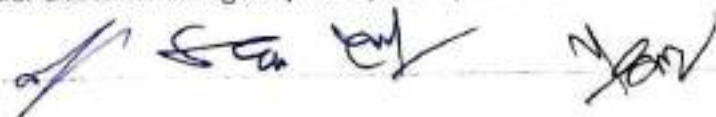
The following are excluded-

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, of non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN- 2, and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond:
  - a. Malignant melanoma that has not caused invasion beyond the epidermis;
  - b. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2ZNOMO.
  - c. All Thyroid cancers histologically classified as T1NOMO (TNM Classification) or below.
  - d. Chronic lymphocytic leukemia less than Rai stage 3.
  - e. Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification.
  - f. All Gastro-Intestinal Stromal Tumors histologically classified as T1NOMO (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs.
  - g. All tumours in the presence of HIV infection.

##### **II. Stroke Resulting in Permanent Symptoms**

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.



### III. Permanent Paralysis of Limbs

- Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

### IV. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist. The following are excluded: Angioplasty and/or any other intra-arterial procedures.

### V. Myocardial Infarction (First Heart Attack of Specific severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria.

- A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- New characteristic electrocardiogram changes.
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. The following are excluded.
- Other acute Coronary Syndromes.
- Any type of angina pectoris.
- A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an inter-arterial cardiac procedure.

### VI. Open heart Replacement or Repair of Heart valves

The actual undergoing of open-heart valve surgery is to replace or repair one of more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

### VII. Major organ/Bone Marrow Transplant

- The actual undergoing of a transplant of:
  - One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end-stage failure of the relevant organ.
  - Human bone marrow using hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- The following are excluded:
  - Other stem-cell transplants.
  - Where only islets of Langerhans are transplanted.

### VIII. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.


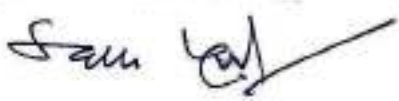

### IX. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- Permanent jaundice.
  - Ascites.
  - Hepatic encephalopathy.
1. Liver failure secondary to alcohol or drug abuse is excluded

### B. Cover

If an insured person is diagnosed to be suffering from any of the Critical Illnesses of the nature specified above

during the policy year, then we will pay a Critical Illness Sum Insured specified in the policy schedule/certificate of insurance provided that:

a. Under this policy there would be no waiting period for the payment of the claim on the inception of the policy, nor any survival period for the payment of the claim on the individual contracting any of the above mentioned Critical Illness.

b. Upon our admission of the first claim under this benefit in respect of an insured person in any policy year, the cover under this benefit shall automatically terminate in respect of that insured person.

c. Our total and cumulative liability in respect of an insured person under this benefit will be limited to the Critical Illness Sum Insured of Rs. 1,00,000/- only.

d. This benefit is paid as a lump sum amount and is over and above the base Sum Insured. Hospitalization is not required to claim this benefit. Further the employee can claim the cost of hospitalization on the same from the Group Mediclaim Policy as cashless/reimbursement of expenses for the treatment taken by him.

1) "Policy Issuing Office: ....."

2) " Consolidated Stamp Duty deposited as per the order of Government of India

### **Proposal Requirements**

The following sections include the information necessary for your organization to respond to this RFP. Your proposal must:

- i. 31<sup>st</sup> March, 2023 will be the effective date for Policy inception for in service Employee Policy.
- ii. Answer all questions in the following sections clearly and concisely; and
- iii. Technical bids will be an integral part of the RFP

Failure to submit the proposal within the stipulated time will result in disqualification of the proposal.

### **General Information**

The objective is to ensure that this Group Medical Insurance plan is managed at a high service level and in the most cost-effective manner as possible. The insurer must have the flexibility necessary to respond to Sarva Haryana Gramin Bank's current and changing needs.

Sarva Haryana Gramin Bank's primary objective in conducting this RFP is to contract with an insurer who: Matches the desired plan design and contract provisions; and demonstrates the ability to deliver high quality services across the country at a competitive price.

### **Sarva Haryana Gramin Bank reserves the right to:**

- Reject any or all responses received in response to the RFP without assigning any reason whatsoever.
- Cancel the RFP / Tender at any stage, without assigning any reason whatsoever.
- Waive or change any formalities, irregularities, or inconsistencies in this proposal (format and delivery). Such a change/ waiver would be duly and publicly notified on Bank website before the closure of the bid date.
- Extend the time for submission of all proposals and such an extension would be duly communicated by Sarva Haryana Gramin Bank.
- Select the next most responsive bidder if the first most responsive bidder evaluated for selection fails to result in an agreement within a specified time frame.
- Select the bidder even if a single bid is received as response.
- Share the information / clarifications provided in response to RFP by any bidder, with all other bidder(s) / others, in the same form as clarified to the bidder raising the query.

## Bid Submission


1. The bid should be **signed by the bidder or any person duly authorized** to bind the bidder to the contract. The signatory should give a declaration and through authenticated documentary evidence establish that he/she is empowered to sign the tender documents by virtue of Board Resolution and bind the bidder.
2. **All pages of the tender documents** except brochures, if any, are to be signed by the authorized signatory.
3. The bid should contain no interlineations, erasures or over-writings except as necessary to correct errors made by the bidder. In such cases, the person/s signing the bid should initial such corrections.
4. The bidder is expected to examine all instructions, forms, terms and conditions and technical specifications in the Bidding Documents. Failure to furnish all information required by the Bidding Documents or submission of a bid not substantially responsive to the Bidding Documents in every respect will be at the Bidder's risk and may result in rejection of the bid.
5. No columns of the tender should be left blank. Offers with insufficient information and offers which do not strictly comply with the stipulations given above, are liable for rejection.
6. The bids will be opened in the presence of authorized representatives of the bidders. However, the representative of the bidder has to produce an authorization letter from the bidder to represent them at the time of opening of Technical bid. Only two representatives will be allowed to represent any bidder. In case the bidder's representative is not present at the time of opening of bids, the quotations / bids will still be opened at the scheduled time.

## RFP Terms and Conditions:

Following additional terms and conditions shall apply to the evaluation process:

(a) **Bidder warranties** - By submitting a Response, the Bidder represents and warrants to Sarva Haryana Gramin Bank that, as at the date of submission:

- i. the Bidder has to fully disclose to Sarva Haryana Gramin Bank in its Responses all information which could reasonably be regarded as affecting in any way Sarva Haryana Gramin Bank's evaluation of the Response;
- ii. all information contained in the Bidder's Response is true, accurate and complete; and not misleading in anyway;
- iii. no litigation, arbitration or administrative proceeding is presently taking place, pending or to the knowledge of the Bidder threatened against or otherwise involving the Bidder which could have an adverse effect on its business, assets or financial condition or upon Sarva Haryana Gramin Bank's reputation if the Response is successful;
- iv. the Bidder will immediately notify Sarva Haryana Gramin Bank of the occurrence of any event, factor circumstance which may cause a material adverse effect on the Bidder's business, assets or financial condition, or Sarva Haryana Gramin Bank's reputation or render the Bidder unable to perform its obligations under the Sarva Haryana Gramin Bank agreement, if any or have a material adverse effect on the evaluation of the responses by Sarva Haryana Gramin Bank; and
- v. the Bidder has not and will not seek to influence any decisions of Sarva Haryana Gramin Bank during the evaluation process or engage in any uncompetitive behavior or other practice which may deny legitimate business opportunities to other Bidders.



- vi. If selected, Bidder will not seek medical examination of any employee or family members for inclusion in the Policy.
- vii. If selected, Bidder will not charge the Bank for pro-rata premium towards addition/ deletion of dependents separately. The premium will be charged on the basis of per unit/ per family as a whole entity as per the Family Definition mentioned in the RFP.

- vii. If selected, Bidder will not charge the Bank for pro-rata premium towards addition/ deletion of dependents separately. The premium will be charged on the basis of per unit/ per family as a whole entity as per the Family Definition mentioned in the RFP.

Signature of Authorized Person with Company Seal

✓ can cut ✓

### Annexure III

#### Service Level Agreement

This Service Level Agreement ("Agreement") is made and executed on \_\_\_\_\_ day of \_\_\_\_\_ 2023 at Rohtak, Haryana, India.

#### BY AND BETWEEN

\_\_\_\_\_, a licensed Public/Private Sector General/ Standalone Health Insurance Company authorized and Regulated by the Insurance Regulatory and Development Authority (IRDA) under License CodeNo. \_\_\_\_\_ and having its registered office at \_\_\_\_\_

Sarva Haryana Gramin Bank came into existence after amalgamation of 2 RRBs namely Haryana Gramin Bank, Head Office, Rohtak (Sponsored by Punjab National Bank) & Gurgaon Gramin Bank, Head Office, Gurgaon (Sponsored by Syndicate Bank) vide Notification dated 29.11.2013. At present, the Head Office of the Bank is at Rohtak. Sarva Haryana Gramin Bank operates in all 22 Districts of Haryana State. Sarva Haryana Gramin Bank is having 668 Branches all over Haryana.

The purpose of this agreement is to set forth the terms and understandings of both parties with respect to the provisions of client services by \_\_\_\_\_ Insurance Company Limited duly appointed by Sarva Haryana Gramin Bank for the purpose of providing Group Mediclaim Insurance Coverage to the in-service employees/Retired employees and their dependents.

#### Tenure of Agreement

The Agreement will be for 1 year starting from the tentative Policy Inception date 31/03/2023 till 30/03/2024 00:00 hrs.

NOW THEREFORE in consideration of the mutual covenants, terms and conditions set forth in this SLA, the Parties agree as follows:

#### 1) Scope and responsibilities by Either Party:

Scope of Work	Responsible Party
Policy Document Issuance	Insurance Company Limited
Addition, Deletion & Correction of Member	Insurance Company Limited
Claims Management	Insurance Company Limited
Administration of policy	Insurance Company Limited

## 2) Policy Administration & Turn Around Timelines:

Service Administration	Turn Around TAT
Issuance of Policy document by Insurer	10 working days from the date of acceptance of premium
Issuance of Endorsement (Addition, Deletion & Correction)	10 working days
Settlement Amount Payment on Account post submission of complete documents	30 working days

**2) Claims process:** Sarva Haryana Gramin Bank is responsible for notifying claims or potential circumstances that may give rise to a claim in accordance with Sarva Haryana Gramin Bank's GMC Policy. To ensure full protection under Sarva Haryana Gramin Bank's GMC policy, Sarva Haryana Gramin Bank should familiarize themselves with the coverage conditions or other procedures immediately relating to claims and to the notification of those claims.

Collection of the Reimbursement Claim documents will be done weekly from designated regional offices of Sarva Haryana Gramin Bank by TPA/Insurer. Reimbursement Claim documents should be processed online from Rohtak, Haryana.

## 3) Turn Around Time envisaged for rendering service by Insurance Company/ Shortlisted TPA:

Service	Maximum Turn Around Time
E-Card Issuance	Within 5 working days
Physical Card Issuance	Within 10 working days
Cashless Approvals	Within 3 Hours
Processing of Reimbursement Claims	03 working days
Discharge Voucher	Within 10 Days
Resolution of Grievances	05 working days
Claims MIS	Monthly- By 5th day of the month
Claims Document collection by Insurance Company/ Shortlisted TPA representatives from respective Regional Offices of the Bank	Once in a week

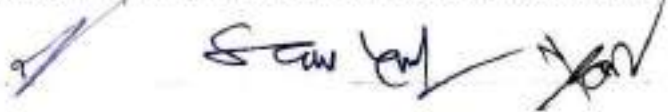
## 4) Escalation matrices

The mechanism and escalation matrices for reporting of issues pertaining to claims and deficiency in services to be provided during issuance of the policy. Any escalations have to be given a detailed response within 3 days of the escalation. In case of non-adherence of the above clause, a penalty of 2% would be levied on the claim amount.

## 5) Grievance redressal committee

The insurer to provide grievance redressal within 3 working days.

There would be a monthly meet between decision makers at the insurer end and nominated personnel



by the bank & representatives of ARIBL for addressing grievances where responses are not satisfactory.

**Confidentiality**

Both parties will treat information received from the other relating to this agreement and to the client's business as confidential and will not disclose it to any other person not entitled to receive it except as may be necessary to fulfil their respective obligation in the conduct of this agreement and except as may be required by law or regulatory authority or information already in the public domain.

In witness where of the parties here to has set their respective hand and signed this deed with seal, on the day, month and year first above mentioned.

**First Party**

For and on behalf of  
Sarva Haryana Gramin Bank

Signature.....

Name.....

Designation.....

**Witness**

Signature.....

Name .....

Designation.....

**Second Party**

For and on behalf of \_\_\_\_\_ Insurance Co.  
Ltd.

Signature.....

Name.....

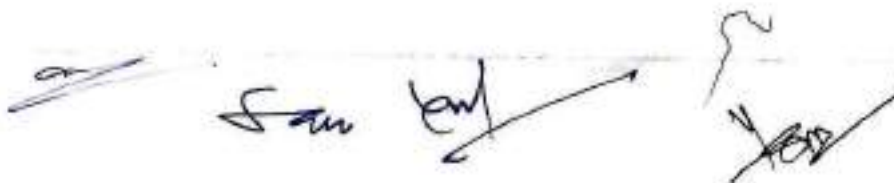
Designation.....

**Witness**

Signature.....

Name .....

Designation.....

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#### Annexure-IV

##### Integrity Pact Format

##### Pre Contract Integrity Pact

Between

This pre-bid contract Agreement (herein after called the Integrity Pact) is made on \_\_\_\_\_ day of the \_\_\_\_\_ month 20\_\_\_\_ between Sarva Haryana Gramin Bank, a Regional Rural Bank body constituted after amalgamation through Gazette Notification dated 29.11.2013 issued by the Government of India (Banking Division), in exercise of powers conferred under RRB Act, 1976 sponsored by Punjab National Bank carrying on Banking Business and having its Head Office at Plot No. 1, Sector 3, Rohtak, 12400, (Haryana) hereinafter referred to as "The Principal" which expression shall mean and include unless the context otherwise requires, its successors in office and assigns of the First Part.

And

M/s. \_\_\_\_\_ having its registered office at \_\_\_\_\_ hereinafter referred to as "The Bidder/Contractor", expression shall mean and include unless the context otherwise requires, successors and permitted assigns of the Second part.

##### Preamble

The Principal intends to award, under laid down organizational procedures, contract/s for... The Principal values full compliance with all relevant laws of the land, rules, regulations, economic use of resources and of fairness/transparency in its relations with its Bidder(s) and/or Contractor(s).

In order to achieve these goals, the Principal will appoint Independent External Monitors (IEMs) who will monitor the tender process and the execution of the contract for compliance with the principles mentioned above.

##### Section 1- Commitments of the Principal

(1) The Principal commits itself to take all measures necessary to prevent corruption and to observe the following principles:-

a. No employee of the Principal, personally or through family members, will in connection with the tender for, or the execution of a contract, demand, take a promise for or accept, for self or third person, any material or immaterial benefit which the person is not legally entitled to.

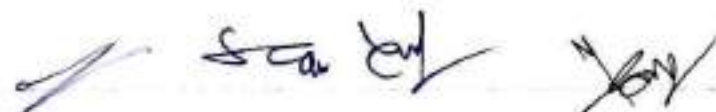
b. The Principal will, during the tender process treat all Bidder(s) with equity and reason. The Principal will in particular, before and during the tender process, provide to all Bidder(s) the same information and will not provide to any Bidder(s) confidential/additional information through which the Bidder(s) could obtain an advantage in relation to the tender process or the contract execution.

c. The Principal will exclude from the process all known prejudiced person.

(2) If the Principal obtains information on the conduct of any of its employees which is a criminal offence under the IPC/PC Act, or if there be a substantive suspicion in this regard, the Principal will inform the Chief Vigilance Officer and in addition can initiate disciplinary actions.

##### Section 2- Commitments of the Bidder(s) / Contractor(s)

(1) The Bidder(s)/Contractor(s) commit themselves to take all measures necessary to prevent corruption during



any stage of bid process/contract. The Bidder(s)/Contractor(s) commit themselves to observe the following principles during participation in the tender process and during the contract execution.

a. The Bidder(s)/Contractor(s) will not, directly or through any other person or firm, offer promise or give to any of the Principal's employees involved in the tender process or the execution of the contract or to any third person any material or the other benefit which he/she is not legally entitled to, in order to obtain in exchange any advantage of any kind whatsoever during the tender process or during the execution of the contract.

b. The Bidder(s)/Contractor(s) will not enter with other Bidders into any undisclosed agreement or understanding, whether formal or informal. This applies in particular to prices, specifications, certifications, subsidiary contracts, submission or non-submission of bids or any other actions to restrict competitiveness or to introduce cartelization in the bidding process.

c. The Bidder(s)/ Contractor(s) will not commit any offence under the relevant IPC/PC Act; further the Bidder(s)/Contractor(s) will not use improperly, for purposes of competition or personal gain, or pass on to others, any information or document provided by the Principal as part of the business relationship, regarding plans, technical proposal and business details, including information contained or transmitted electronically.

d. The Bidder(s)/Contractor(s) of foreign origin shall disclose the name and address of the Agents/representatives in India, if any, similarly the Bidder(s)/Contractor(s) of Indian Nationality shall furnish the name and address of the foreign principals, if any. Further details as mentioned in the "Guidelines on Indian Agents of Foreign Suppliers" shall be disclosed by the Bidder(s)/Contractor(s). Further, as mentioned in the Guidelines all the payments made to the Indian agent/representative have to be in Indian Rupees only.

e. The Bidder(s)/Contractor(s) will, when presenting their bid, disclose any and all payments made, is committed to or intends to make to agents, brokers or any other intermediaries in connection with the award of the contract.

f. Bidder(s)/Contractor(s) who have signed the Integrity Pact shall not approach the Courts while representing the matter to IEMs and shall wait for their decision in the matter.

(2). The Bidder(s)/Contractor(s) will not instigate third persons to commit offences outlined above or be an accessory to such offences.

### Section-3 Disqualification from tender process and exclusion from future contracts.

If the Bidder(s)/Contractor(s) before award or during execution has committed a transgression through a violation of Section 2, above or in any other form such as to put their reliability or credibility in question, the Principal is entitled to disqualify the Bidder(s)/Contractor(s) from the tender process or take action as per the procedure mentioned in the "Guidelines on banning of business dealings".

### Section 4- Compensation for Damages

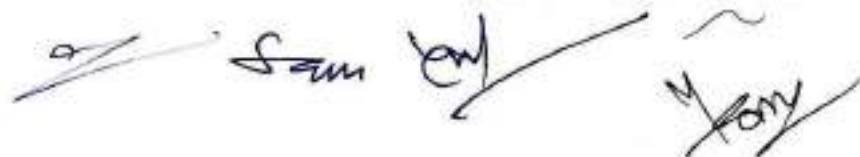
(1). If the Principal has disqualified the Bidder(s) from the tender process prior to the award according to Section 3, the Principal is entitled to demand and recover the damages equivalent to earnest Money Deposit/Bid Security.

(2). If the Principal has terminated the contract according to Section 3, or the Principal is entitled to terminate the contract according to Section 3, the Principal shall be entitled to demand and recover from the Contractor liquidated damages of the contract value or the amount equivalent to Performance Bank Guarantee.

### Section 5- Previous transgression

(1) The Bidder declares that no previous transgression occurred in the last three years immediate before signing of this integrity pact with any other Company in any country conforming to the anti-corruption approach or with any Public Sector Enterprises or central/state government department in India that could justify his exclusion from the tender process.

(2). If the Bidder makes incorrect statement on this subject, he can be disqualified from the tender process or action can be taken as per the procedure mentioned in " Guidelines on Banning of business dealing".

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#### Section 6- Equal treatment of all Bidders/Contractors/Subcontractors

- (1) In case of sub-contracting, the Principal contractor shall take the responsibility of the adoption of IP by the sub-contractor. It is to be ensured that all sub-contractors also sign the IP.
- (2) The Principal will enter into agreements with identical conditions as this one with all Bidders and Contractors.
- (3) The Principal will disqualify from the tender process all the Bidders who do not sign this Pact or violate its provisions.

#### Section 7- Criminal charges against violating Bidder(s)/ Contractor(s)/ Subcontractor(s)

If the Principal obtains knowledge of conduct of a Bidder, Contractor or Sub contractor, or of an employee or a representative or an associate of a Bidder, Contractor or Subcontractor which constitutes corruption, or if the Principal has substantive suspicion in this regard, the Principal will inform the same to the Chief Vigilance Officer.

#### Section 8- Independent External Monitor

- (1) The Principal appoints competent and credible Independent External Monitor for this Pact after approval by Central Vigilance Commission. The task of the Monitor is to review independently and objectively, whether and to what extent the parties comply with the obligations under the agreement.
- (2) The Monitor is not subject to instructions by the representatives of the parties and performs his/her functions neutrally and independently. The Monitor would be provided access to all documents/records pertaining to the contract for which a complaint or issue is raised before them, as and when warranted. However, the documents/ records/ information having National Security implications and those documents which have been classified as Secret/Top Secret are not to be disclosed. It will be obligatory for him/her to treat the information and documents of the Bidders/Contractors as confidential. He/she reports to the Chairman, Sarva Haryana Gramin Bank.
- (3) The Bidder(s)/Contractor(s) accepts that the Monitor has the right to access without restriction to all project documentation of the Principal including that provided by the Bidder(s)/ Contractor(s). The Bidder(s)/Contractor(s) will also grant the Monitor, upon his/her request and demonstration of a valid interest, unrestricted and unconditional access to their project documentation. The same is applicable to Sub-contractor.
- (4) The Monitor is under contractual obligation to treat the information and documents of the Bidder(s)/Contractor(s)/Subcontractor(s) with confidentiality. The Monitor has also signed declarations on "Non-Disclosure of Confidential Information" and of "Absence of Conflict of Interest". In case of any conflict of interest arising at a later date, the IEM shall inform Chairman Sarva Haryana Gramin Bank and recuses himself/herself from that case.
- (5) The Principal will provide to the Monitor sufficient information about all meetings among the parties related to the Project provided such meetings could have an impact on the contractual relations between the Principal and Contractor. The parties offer to the Monitor the option to participate in such meetings.
- (6) As soon as the Monitor notices, or believes to notice, a violation of this agreement, he/she will so inform the Management of the Principal and request the Management to discontinue or take corrective action, or to take other relevant action. The monitor can in this regard submit non-binding recommendations. Beyond this, the Monitor has no right to demand from the parties that they act in a specific manner, refrain from action or tolerate action.
- (7) The Monitor will submit a written report to the Chairman, Sarva Haryana Gramin Bank within 8 to 10 weeks from the date of reference or intimation to him by the Principal and, should the occasion arise, submit proposals for correcting problematic situations.

(8) If the Monitor has reported to the Chairman, Sarva Haryana Gramin Bank, a substantiated suspicion of an offence under relevant IPC/PC Act, and the Chairman, Sarva Haryana Gramin Bank has not, within the reasonable time taken visible action to proceed against such offence or reported it to the Chief Vigilance Officer, the Monitor may also transmit this information directly to the Central Vigilance Commissioner.

(9) The word 'Monitor' would include both singular and plural.

#### Section 09- Pact Duration

This Pact begins when both parties have legally signed it. It expires for the Contractor 12 months after the last payment under the contract, and for all other Bidders 6 months after the contract has been awarded. Any violation of the same would entail disqualification of the bidders and exclusion future business dealings.

If any claim is made/lodged during this time, the same shall be binding and continue to be valid despite the lapse of this pact as specified above, unless it is discharged/ determined by Chairman, Sarva Haryana Gramin Bank.

#### Section 10- Other provisions

(1) This agreement is subject to Indian Law. Place of performance and jurisdiction is the " Place of award of work". .

(2) The actions stipulated in this Integrity Pact are without prejudice to any other legal action that may follow in accordance with the provisions of to the extant law in force relating to any civil or criminal proceedings.

(3) Changes and supplements as well as termination notices need to be made in writing. Side agreements have not been made.

(4) If the Contractor is a partnership or a consortium, this agreement must be signed by all partners or consortium members.

(5) Should one or several provisions of this agreement turn out to be invalid, the remainder of this agreement remains valid. In this case, the parties will strive to come to an agreement to their original intentions.

(6) Issues like warranty/Guarantee etc. shall be outside the purview of IEMs.

(7) In the event of any contradiction between the Integrity Pact and its Annexure, the Clause in the Integrity Pact will prevail.

(For & On behalf of the Principal)


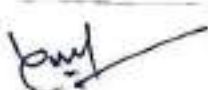
(For & On behalf of Bidder/Contractor) (Office Seal)  
(Office Seal)

Place.....

Date.....

Witness 1:  
(Name & Address)

Witness 2:  
(Name & Address)

 Sam 



## ANNEXURE - V

### TECHNICAL BID FORMAT

Dated:

To,

General Manager  
HR Department  
Sarva Haryana Gramin Bank  
H.O. Rohtak

Sub: Technical Bid for the renewal of Group Mediciam Policy Period 31st March 2023 to 30th March 2024.

Particular	Yes/No
We confirm that we accept all the terms and Conditions mentioned in the RFP (Section I & II) including Integrity Pact and Policy Wordings. All the documents have been signed by the Authorized Signatory in token of having accepted all the terms and Conditions.	
We offer our technical bid to you with Nil Deviation to the terms and conditions as mentioned in the RFP (Section I & II)	

If the reply to the above declaration is NO, please mention the deviations below:

Add enclosure if required

Copy of IRDA license along with proof of renewal duly signed with company's seal – Eligibility Criteria (Section II)	YES / NO
Salient features of Proposed Group Health Policy duly signed with company's seal (Annexure I) SECTION III	YES / NO
Draft Policy Wordings duly Signed and Stamped duly signed with company's seal (Annexure II) SECTION III	YES / NO
Service Level Agreement duly signed with company's seal (Annexure III ) SECTION III	YES / NO
Integrity Pact duly signed with company's seal – (Annexure IV ) SECTION III	YES / NO

For and on behalf of an Insurance company

Name of Authorized signatory

Designation Company Seal



## Financial Bid Format

### Details for Financial Bid for In Service Employee Policy

Desc: Appointment of IRDA approved Public/Private Sector General/ Standalone Health Insurance Company for providing Group Medidaim Policy of Sarva Haryana Gramin Bank for In-service Employees & their dependents

Price Header	In-service Employees**	Premium Per Employee/Unit *	Total Premium (In Rs.)
(1)	(2)	(3)	(4) = (2) X (3)
Premium excluding GST to be mentioned for a Single Unit For Clerical and Sub-Staff Employees (In Rupees)	1304		
Premium excluding GST to be mentioned for a Single Unit For Officers (in Rupees)	1964		
(A) Net Premium in Rupees ( Without GST)			
(B) GST (in Rupees )			
Total Premium (A+B)			

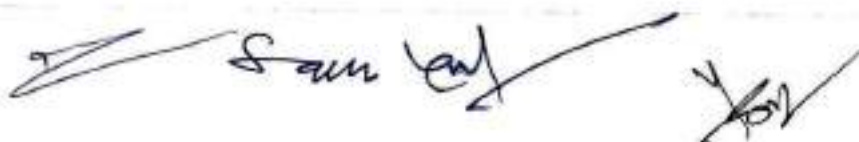
The above rates shall be inclusive of management expenses, TPA charges and Intermediary fees as per IRDAI regulations.

\*The term employee will include self and his/her dependents which will be defined as one unit.

\*\* Data of in service employees shared above is indicative only and may vary due to New Joinees, Retirees and resignation and final count along with dependents details will be shared during the policy finalization.

**NOTE – FINANCIAL BID FORMAT IS NOT TO BE SUBMITTED ALONG WITH THE TECHNICAL BID FORMAT.**

Financial bid format is just for the information for the total premium to be quoted on GEM PORTAL.



The details with regards to category wise per employee/unit premium will be sought in the above format from L1 bidder only.

Signature of Authorized Person with Company Seal